

**LAM (Lactational Amenorrhea Method):
A Modern Postpartum Contraceptive Method
for Women who Breastfeed**

Training Module for Health and Family Planning Service Providers

Updated March 2004



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Notes to the Trainers

Purpose and Audience

The purpose of this course is to train health care personnel and community health workers to provide the Lactational Amenorrhea Method (LAM) within their child health, reproductive health, or family planning services. This course emphasizes the information needed to provide LAM services. The training approach is geared towards practical responses to problem solving and questions related to difficulties encountered by women using LAM. The assumption is made that participants will already have interpersonal communication and counseling skills.

Training Location

Wherever the training is planned, a clinical or community-based site should be readily available to support the practicum for counseling and initiating clients for LAM use. Prior to the training, assess client volume, physical space, breastfeeding support in the community, contraceptive services and supplies, Baby-Friendly status, and staffing. Prepare the practicum site by coordinating with clinic and ward staff for arrival of participants and arranging for space for counseling and health education.

Training Agenda

The three units of this curriculum are organized in a sequence to facilitate learning. However, the units are flexible for training needs and training circumstances. Unit 1: Basic LAM Concepts, Unit 2: Providing LAM Services can be covered in one day, and Unit 3: Monitoring and Evaluation. Time for the practicum will need to be arranged. Depending on the training group size, skills learning needs, and the client volume, the practicum can be arranged for a half or whole day.

Training Tools

This trainers' manual includes participant materials/handouts. The manual is divided into two units with content details, materials/handouts, time, and instructions for learning activities. Some transparencies have been included and can be used or not according to the trainer's preference. Participant materials/handouts can be used to make other transparencies or copies to present the content of the units.

In the Materials Section you will find:

- materials for exercises
- handouts
- pre- and post-test tool
- LAM Counseling Skills checklist, for use during the practicum

LAM Counseling Practicum

For best training results, practicum experience should be arranged to reinforce new knowledge, attitude, and skills. Practicum experience may be arranged in a community-based site, in antenatal clinics and wards, postpartum clinics and wards, immediate postpartum areas, well-baby clinics, and family planning clinics. The participants should have at least three client contacts during the practicum. If a participant's skills are strong, they may be evaluated with the recommended three client contacts. If a participant's skills need strengthening, arrangements should be made for additional supervised practice with the trainer or at the participant's work site until competency is achieved.

Use the LAM counseling checklist during all practicum experiences to guide the participants' experiences, to focus their performance improvement practices, and to provide a tool for performance evaluation at completion of training.

Training Course Evaluation

At the end of training, have participants complete an End of Training Evaluation form to identify what facilitated and what hindered learning. Compile and analyze the information from the evaluation forms to determine the changes that need to be made to improve the course.

Use the results of the pre- and post-test tools to identify content areas that have been difficult for participants to grasp. Meet with trainer colleagues to develop approaches to helping participants learn the challenging content. Share with your training colleagues tips that have been effective in facilitating learning. The LINKAGES program has found that the following content has offered learning challenges and the suggested tips have been effective during trainings:

Learning Challenge	Training Tip
• Counseling women in use of LAM	Role play in groups of four: mother, father, provider, observer
• Counseling women in switching to another method	Role play in groups of four: mother, father, provider, observer
• Counseling skills	Include practicum
• Full or nearly full breastfeeding	Emphasize best practice is exclusive breastfeeding

Training Follow-up

It is recommended that training follow-up visits be conducted within the first two months following training to assist participants in problem solving associated with their efforts to provide LAM services and to assess the quality of LAM client management. Inform participants and make arrangements before completion of the training course for a follow-up visit.

Data Collection

During the course, an emphasis should be placed on the importance of systematic data collection on breastfeeding and LAM practices.

Suggested “Ice Breakers” (or invent and use other ones adapted to the local context): Set the tone for training by conducting ice breaker exercises that can help participants begin to value their unique talents and contributions to service delivery. You may select one from the two suggested activities below or create your own.

“Name Game”

Ask each person to compare himself to an animal or thing that identifies in some way a trait of his/her personality, and explain why. Examples: I am like an ant because I am always on the move; I am like a horse because I swiftly do my tasks; I am like a bird because I like to dream; etc.

“Card Game”

Arrange playing cards with paired royalty (King, Queen, Jack) and/or paired numbers (10, 9, 8).

Spread cards in a fan and have participants pick a card and find their match.

Have participants interview each other asking name, what they feel they would uniquely bring to clients who would be interested in LAM services, and what they expect from this training.

Record contributions and expectations and address whether or not their expectations will be addressed within the design of the training.

Suggestion for “Special Situations Affecting Breastfeeding” in Unit 2:

To cover this content, ask participants to identify the special situations that they encounter most often. List the situations included in the content and provide additional space for participants to add more. Alternatively, identification of these situations can be accomplished by adding this task to the ice breaker exercise. When participants identify special situations that are not covered in the content, the training team will need to determine if the situation is appropriate to cover, and if so, provide the necessary content.

Introduction

It is well known that breastfeeding delays the return of a woman's fertility in the early months postpartum. The Lactational Amenorrhea Method (LAM) is a modern, temporary contraceptive method based on the natural infertility resulting from breastfeeding. LAM is an integral part of family planning programs and should be included among the contraceptive options presented to the community and to clients. LAM can be offered in family planning clinics, Maternal Child Health (MCH) clinics, breastfeeding support groups, mother-to-mother support groups, community-based distribution systems, hospitals, maternity wards, and a variety of other settings.

Training Goal

To strengthen knowledge, attitude, and skills of MCH, reproductive health, and community health providers for counseling about LAM and other appropriate contraceptive methods for breastfeeding women.

General Objectives

By the end of the course, participants will be able to:

1. Define Lactational Amenorrhea Method (LAM).
2. Explain the basic mechanism of action and effectiveness of LAM.
3. List advantages and disadvantages of LAM.
4. Understand the benefits of child spacing and continuing breastfeeding after LAM.
5. Explore their own attitudes toward LAM and the effect their attitudes may have on the provision of LAM services.
6. Screen clients for use of LAM and counsel them appropriately.
7. Counsel clients who are ready to switch to another contraceptive method.
8. Recognize common breastfeeding difficulties that LAM users may encounter and refer to other providers, when indicated.
9. Discuss the management issues of special situations that affect breastfeeding.
10. Define monitoring, evaluation and indicator and mention 4 characteristics of each
11. Describe 4 types of evaluation
12. Name 3 things that must be considered when developing an indicator
13. List 4 ways in which indicators can be measured
14. Name 5 different LAM indicators
15. Describe the numerator and denominator for each LAM indicator
16. List 2 strategies for improving LAM monitoring and evaluation

Materials Needed

Flipchart, colored markers, tape
Overhead projector (optional)
Transparencies (optional)

Time: Two full days plus two to four hours of practicum.

Prepare in Advance: Unit 1 (4 hours 10 minutes)

Copies of pretest for number of participants
Pretest answer key for trainer(s)
Copies of handouts and case studies for number of participants
Three cards: Very effective, Effective, Somewhat effective (one of each)
Cards with one of the eight optimal breastfeeding behaviors per card

“Agree”, “Disagree” labels (large)

Participant’s materials to be distributed before the training begins, if possible

Prepare in Advance: Unit 2 (5 hours, 20 minutes)

Make copies of handouts, case studies, and checklists for participants.

Prepare cards for contraceptive exercise (immediately, after 6 weeks, after 6 months).

Pre-session assignment: Management of Common Breastfeeding Difficulties

Form four pairs of participants and assign each a case to manage. Instruct participants to use their notes and resource materials in managing the case. The participants should be prepared to give five-minute presentations. Presentations should include: (a) symptoms of the difficulty, (b) management of the difficulty, and (c) measures to prevent the difficulty.

Prepare “Fishing Game”: make fishing rods and string, draw and cut out fish, write the special situations on label and attach to the underside of fish, make paper-clip hooks for rods and fish.

Prepare practicum site for LAM counseling and services.

Prepare in Advance: Unit 3 (5 1/2 hours)

Make copies of handouts: matching game, Objectives, LAM Questionnaire, Survey Questions on Breastfeeding and Family Planning, Calculating Indicator Rates, Case Studies, post test, and final evaluation

Copy post-test tool for participants.

Unit I. Basic LAM Concepts

Topics

- 1.1 Pretest, introductions, course objectives
- 1.2 The Lactational Amenorrhea Method (LAM)
- 1.3 LAM criteria
- 1.4 The “fourth element” of LAM: the importance of timely introduction and ongoing use another method to achieve adequate child spacing
- 1.5 The basic mechanism of action and effectiveness of LAM
- 1.6 Advantages and disadvantages of LAM
- 1.7 Distinctions between “breastfeeding” and “LAM” and “amenorrhea” and “LAM”
- 1.8 Optimal breastfeeding behaviors that contribute to breastfeeding and LAM success
- 1.9 Attitudes about LAM and their effect on provision of LAM services

1.1 Pretest

Objectives/Content	Materials/Time/Activities
<ul style="list-style-type: none"> • Pretest 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Pretest tool: 1.1a • Course objectives: 1.1c • Overhead of 1.1c <p><u>Time:</u> 20 minutes</p> <p><u>Activity:</u> Welcome participants and distribute pretest tool and ask each participant to answer the questions.</p> <p>Read each question and allow time so that each participant can respond individually in writing or verbally. Clarify for participants if a question seems unclear, but do not influence in any way the responses nor allow the participants to talk among themselves.</p> <p>Collect the tests (with the name of each person).</p> <p>Explain that at the end of the workshop everyone will be asked to answer the same questions (post-test) again to see what was learned and where there may still be confusion.</p> <p>These questions cover theory and technical information but the training will also provide experiences for applying LAM content to their counseling skills.</p> <p>During the break (or at lunchtime), the facilitators should correct all the tests (1.1b) analyzing the content areas, lack of knowledge, or confusion that needs to be addressed.</p> <p>Distribute materials to participants and direct them to the Course Objectives 1.1c. Read through the objectives, encourage questions and answer them appropriately.</p>
<ul style="list-style-type: none"> • Introductions • Course Objectives 	

1.2 The Lactational Amenorrhea Method (LAM)

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> Explain what LAM is and what the LAM acronym means <p>The Lactational Amenorrhea Method (LAM) is a contraceptive method based on the natural infertility resulting from breastfeeding. To use LAM the following criteria must be met:</p> <ol style="list-style-type: none"> The woman's menstrual periods have not resumed, and The baby is fully or nearly fully breastfed frequently day and night, and The baby is less than six months old. <p><i>When any one of the three criteria changes or the woman wishes to begin another method, another contraceptive method must be started immediately, and use encouraged to achieve three years child spacing.</i></p> <ul style="list-style-type: none"> Lactational = Related to breastfeeding. Amenorrhea = No vaginal bleeding after two months postpartum. Method = A modern, temporary (up to 6 months postpartum) contraceptive method. 	<p>Materials:</p> <ul style="list-style-type: none"> Illustration of LAM criteria: 1.2 Overhead of 1.2 <p>Time: 15 minutes</p> <p>Activity: Presentation Present the definition and criteria for LAM allowing for participants' questions. Direct participants to 1.2 and follow along during presentation of criteria.</p>

1.3 LAM criteria

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> Name the three criteria of LAM Explain each LAM criteria <p>1. The woman's menstrual periods have not resumed Following childbirth, the resumption of menses is an important indicator of a woman's return to fertility. During the first three to six months postpartum, a woman who fully or nearly fully breastfeeds frequently day and night (on demand) is unlikely to ovulate before her menses resume. However, once a woman starts to menstruate, there is a probability that ovulation has resumed. Bleeding during the first two months postpartum is not considered menstrual bleeding. Menstruation may be considered to have returned when the woman experiences two days of consecutive bleeding or when she perceives that her menstrual bleed has returned.</p> <p>2. The baby is fully or nearly fully breastfed * frequently day and night During the first six months the baby only breastfeeds. That means the baby does not regularly receive any water, other liquids, or foods. Whenever the baby shows signs or cues of wanting to be fed, by sucking on his/her hand, by moving or opening his mouth or by moving his head about, be it day or night, the mother breastfeeds her baby. This is called breastfeeding "on demand." All of a baby's thirst, hunger, nutritional, and sucking needs are met at the breast. The baby is nursed frequently for as long as he/she wants to remain on the breast. Exclusive breastfeeding is preferred - a minimum of eight feeds during a 24-hour period in the early days and weeks and at least one feeding during the night without any intervals greater than four to six hours.</p> <p>* FULL BREASTFEEDING is defined as exclusive: no other liquid or solid is given to infant, and almost exclusive: vitamins, mineral water, juice, or ritualistic feeds given infrequently in addition to breastfeeds. NEARLY FULL BREASTFEEDING is defined as the vast majority of feeds given to infants are breastfeeds.</p>	<p>Materials:</p> <ul style="list-style-type: none"> LAM Decision-making Path: 1.3a Overhead of 1.3a <p>Time: 30 minutes</p> <p>Activity: Presentation Present Full and Nearly Full breastfeeding definitions and answer questions.</p> <p>Display the LAM decision-making path and ask volunteer participants to explain the criteria for screening clients for possible use of LAM. Elaborate as necessary at each point of the path. Be sure that participants are clear about how the decision-making path works by asking the following questions:</p> <p>1) When does lactational amenorrhea end? Answer: Lactational Amenorrhea ends when the woman's menses return.</p> <p>2) When does LAM end? Answer: LAM ends when woman's menstrual periods have returned, or the pattern of breastfeeding changes to regularly include water, other liquids or solid food, or the infant is more than six months old. LAM also ends when a woman wishes to change to another method of contraception.</p> <hr/> <p>Materials:</p> <ul style="list-style-type: none"> Practice Case Studies 1.3b <p>Time: 40 minutes</p> <p>Activity: Group work/ Case Studies Divide the group into three smaller groups and assign two cases from "Practice Case Studies: 1.3b". Allow groups ten minutes to read their cases, and discuss the questions and answers they wish to present.</p> <p>Allow each group a maximum of ten minutes to present their answers including large group discussion. Trainer Answer key can be found in "Practice Case Studies: 1.3c."</p>

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1.3 LAM criteria (continued)

Objectives/Content	Materials/Time/Activities
<p>3. The baby is less than six months old At six months of age, the baby needs to begin receiving complementary foods while continuing to breastfeed. Introduction of water, liquids, and foods can reduce the amount of sucking at the breast, triggering the hormonal mechanism that causes ovulation and menses to resume.</p> <p>These three criteria are referred to as the “Criteria for LAM.” See the LAM decision-making path, which asks questions in order to apply the criteria, helping service providers screen clients for their eligibility to use LAM. The absence of menses and the maintenance of frequent breastfeeding day and night during the first six months postpartum is what makes LAM work.</p> <p>When any one of these three criteria is no longer met, another family planning method must be introduced in a timely manner to ensure healthy birth spacing.</p>	

1.4 The “fourth element” of LAM: the importance of timely introduction and ongoing use of another method to achieve adequate child spacing

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> Understand the importance of the “fourth element” of LAM (sometimes referred to as the fourth parameter) Give three reasons for the importance of at least three years between births <p>The “fourth element” of LAM- the timely introduction and ongoing use of another contraceptive method-is extremely important for the best health outcomes of the mother and baby, and the family planning impact of the method.</p> <p><u>Timeliness</u> When any one of the three criteria of LAM:</p> <ol style="list-style-type: none"> The woman’s menstrual periods have not resumed The baby is fully or nearly fully breastfed frequently day and night The baby is less than six months old <p>is no longer met, (or when the woman decides to switch to another contraceptive method that fits her needs), another family planning method should be introduced immediately to prevent an unwanted pregnancy and to ensure healthy birth spacing of at least three years.</p> <p>The effect of short intervals between births on infant and maternal health</p> <p>Birth intervals less than three years are associated with:</p> <ol style="list-style-type: none"> An increased rate of intrauterine growth retardation due to poor maternal nutrient stores Higher rates of low birth weight and associated infant mortality 	<p><u>Time:</u> 30 minutes</p> <p><u>Activity: Group Work</u> Divide participants into three working groups to answer the following questions:</p> <ol style="list-style-type: none"> What is the importance of the timely introduction and ongoing use of another contraceptive method when LAM criteria are no longer met (or when the woman decides to switch to another contraceptive method that fits her needs)? How much flexibility is there? Why is a minimum of three years child spacing important for the mother, the child, and the next pregnancy? <p>Discuss in plenary.</p>

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1.4 The “fourth element” of LAM: the importance of timely introduction and ongoing use of another method, to achieve adequate child spacing (continued)

Objectives/Content	Materials/Time/Activities
<ol style="list-style-type: none"> 3. Nearly three times the risk of death in childhood as compared to a birth interval of three years 4. About 30 percent more childhood malnutrition, which is to say that one child in 3 is more likely to suffer from malnutrition 5. Higher risk of morbidity and mortality in the previous child, because of shortened breastfeeding durations, and competition for maternal care, food, and other family resources 6. Maternal nutritional depletion as she may not have enough time to replenish lost protein and energy, iron, and other micronutrient stores. This puts the mother at risk, and increases the risk for the next child especially when there is an overlap between breastfeeding and the next pregnancy, runs the risk of premature and low-birth weight births, and retards development. <p>Birth intervals of three years allow the mother to have more time with her small children; these years are critical for cognitive and social development of children.</p> <p>Data from The Nutritional Institute of Central America and Panama (INCAP) suggest six months exclusive breastfeeding, followed by at least 18 months additional breastfeeding with complementary foods, and at least six months of neither breastfeeding nor pregnancy for best child outcomes. This would be inter-birth spacing of 39 months. (Merchant, Martorell, and Hass, 1990)</p> <p>Note: Before the breastfed baby reaches 6 months, inform the mother about the contraceptive methods that can be used while continuing to breastfeed after 6 months and preventing pregnancy before 3 years.</p>	

1.5 The basic mechanism of action and effectiveness of LAM (How does LAM work?)

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> Explain the basic mechanism of action and effectiveness of LAM <ol style="list-style-type: none"> Breastfeeding delays fertility return During full or nearly full breastfeeding, <u>preferably</u> exclusive, day and night, menses return will occur before fertility return During partial or mixed feeding women will be fertile before menses returns <p>Clinical studies have shown LAM to be more than 98 percent effective.</p> <p>Calculations show that if 100 women started LAM and used it according to the criteria, one or at most two women would become pregnant.</p> <p>LAM is as effective as any other reversible contraceptive method.</p>	<p>Materials:</p> <ul style="list-style-type: none"> Breastfeeding and Fertility: 1.5a Effectiveness of Contraceptive Methods: 1.5b Overheads of 1.5a and 1.5b 3 cards: Very effective, effective, and somewhat effective <p>Time: 30 minutes</p> <p>Activity: Discussion Present physiology chart and answer questions.</p> <p>Effectiveness Exercise Display cards in three different areas in the room. Call out the different methods that are available locally and ask participants to stand in the area that best describes the effectiveness of the method when typically used.</p> <p>Discuss handout "Effectiveness of Contraceptive Methods."</p>

1.6 Advantages and disadvantages of LAM

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> List advantages and disadvantages of LAM <p>Advantages</p> <ul style="list-style-type: none"> More than 98 percent effective for up to six months postpartum. Can be started immediately postpartum. Has no side effects. Motivates users to exclusively breastfeed. Is a natural method, requiring no medical devices or artificial hormones. Facilitates transition to another method. <p>Disadvantages</p> <ul style="list-style-type: none"> Provides no protection against HIV and STIs. Can only be used for up to six months after delivery. Pattern of breastfeeding may be difficult to maintain. 	<p>Materials:</p> <ul style="list-style-type: none"> Flip chart, markers <p>Time: 15 minutes</p> <p>Activity: Brainstorming Ask participants to brainstorm on the advantages and disadvantages of LAM. Write answers on flip chart under two columns marked advantages and disadvantages.</p> <ul style="list-style-type: none"> Summarize

1.7 Distinctions between “breastfeeding” and “LAM” and “amenorrhea” and “LAM”

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> Distinguish between “breastfeeding” and “LAM” <p>Very often there is confusion about the difference between breastfeeding and LAM. This confusion exists among health care providers and researchers and in the community.</p> <p>What is the difference between LAM and breastfeeding?</p> <p>Breastfeeding is a method of infant feeding -NOT a contraceptive method. LAM is a contraceptive method that uses a pattern of breastfeeding that can effectively suppress ovulation and prevent pregnancy.</p> <ul style="list-style-type: none"> Distinguish between “amenorrhea” and “LAM” <p>Many women who breastfeed will have delay in the return of menses. However, only those women who breastfeed their babies frequently day and night with no regular supplements will experience the menses return before fertility return.</p>	<p>Time: 15 minutes</p> <p>Activity: Presentation</p> <p>Ask participants if they know anyone who has used breastfeeding to prevent pregnancy. Ask participants if they know anyone who has used LAM to prevent pregnancy. Listen and discuss answers. Ask them to reflect on the differences.</p> <p>Present content clarifying the common misconception regarding breastfeeding and LAM. Verify participants’ understanding of the difference by asking a number of volunteer participants the questions:</p> <ol style="list-style-type: none"> What is the difference between LAM and breastfeeding? What is the difference between LAM and amenorrhea?

1.8 Optimal breastfeeding behaviors that contribute to breastfeeding and LAM success

Objectives/Content	Materials/Time/Activities
<p>Learning objective:</p> <ul style="list-style-type: none"> Name optimal breastfeeding behaviors that contribute to breastfeeding and LAM success <p>LAM works best with optimal breastfeeding behaviors and breastfeeding support. However, LAM is effective with less than exclusive breastfeeding. To provide support for successful LAM use, women's questions must be answered.</p> <p>Optimal breastfeeding behaviors¹ that contribute to breastfeeding and LAM success:</p> <ol style="list-style-type: none"> 1. Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother for at least several hours following delivery. 2. Breastfeed frequently both day and night. 3. Breastfeed exclusively for the first six months: no water, other liquids, or solid foods. 4. After the first six months when complementary foods are introduced, breastfeed before each complementary feeding. 5. Continue to breastfeed for up to two years and beyond. 6. Continue breastfeeding even if the mother or the baby becomes ill. 7. Avoid using bottles, pacifiers (dummies), or other artificial nipples. 8. Mothers should eat and drink sufficient quantities to satisfy their hunger and thirst. 	<p>Materials:</p> <ul style="list-style-type: none"> Optimal Breastfeeding Behaviors: 1.8a <p>Time: 10 minutes</p> <p>Activity: Selection Exercise Write on eight large cards, an optimal breastfeeding behavior per card. Jumble the cards and tape them to a wall. Ask volunteer participants to select the optimal breastfeeding behaviors which influence the effectiveness of LAM and ask participants to give their reasons.</p> <p>Highlight to participants that in order to counsel women appropriately about LAM, a basic knowledge of breastfeeding is needed.</p> <hr/> <p>Materials:</p> <ul style="list-style-type: none"> Review Questions: 1.8b Frequently Asked Questions (FAQ) on LAM <p>Time: 15 minutes</p> <p>Activity: Review Q/A (Activity A or B) A. Divide the participants into working groups, each with a facilitator, and discuss the questions on the handout.</p> <p>Questions (See answers within content.)</p> <ol style="list-style-type: none"> 1) What is the definition of LAM? 2) What are the three criteria for LAM use? 3) Which pattern of breastfeeding is required to use LAM? 4) How does LAM prevent pregnancy? 5) What are three advantages of LAM? 6) What are three disadvantages of LAM? 7) What is the effectiveness of LAM? 8) Why is child spacing and continuing breastfeeding after LAM important?

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¹ *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method – LAM.* Institute for Reproductive Health, Georgetown University, 1994 (available in Arabic, English, French, Russian and Spanish).

1.8 Optimal breastfeeding behaviors that contribute to breastfeeding and LAM success (continued)

Objectives/Content	Materials/Time/Activities
	<u>Activity:</u> Impromptu Speaking B. Put a question inside each envelope for a portion of the group. Ask participants with envelopes to select participants without envelopes to form pairs. Have participants read the questions one at a time and answer the question as if speaking to a client.

1.9 Attitudes about LAM and their effect on provision of LAM services

Learning Objectives/Content	Materials/Time/Activities
<p>Learning objective:</p> <ul style="list-style-type: none"> Explore attitudes about LAM and their impact on provision of LAM services. <p>There are no right or wrong responses to this exercise. Allow time for discussion.</p> <p><u>Values Clarification Statements for LAM</u></p> <ol style="list-style-type: none"> LAM is a very reliable method of contraception. Health care providers should counsel on LAM because it is as effective as many other methods. Health care providers should counsel on LAM because it strengthens breastfeeding behaviors. Counseling about LAM is easy. LAM is a method that all postpartum women who breastfeed should use. LAM requires too much time in counseling to be offered in busy settings. LAM is an easy method for breastfeeding mothers to understand. LAM requires frequent feeds and mothers need time to do other things. LAM only provides up to six months protection. 	<p>Materials: “Agree” and “Disagree” labels for wall or floor</p> <p>Time: 30 minutes</p> <p>Activity: Values Clarification Exercise Tell participants that this exercise will help them explore and clarify their own attitudes towards LAM. Ask them to answer spontaneously.</p> <p>Designate two areas in the room, “Agree” and “Disagree,” by fixing the labels on the wall or floor. Instruct participants that these are the two areas in which they are to stand when they decide whether or not they agree with a statement.</p> <p>Read the statements and ask participants to stand in the area reflecting their choice.</p> <p>Ask participants to share their reasons for their choice.</p> <p>Continue until all statements are read.</p> <p>The trainer’s role is to facilitate any discussion that develops from the questions, participant choices, and their reasoning.</p> <p>Process this exercise by leading a discussion asking the following questions in this sequence:</p> <ol style="list-style-type: none"> What did we do? How did you feel doing this exercise? What insights did you gain from this exercise? How can you apply this experience more generally? To the provision of services you offer?

Unit 2. Providing LAM Services

Topics

- 2.1 Informing and counseling clients about LAM
- 2.2 Initiating use of LAM
- 2.3 Follow-up of LAM users
- 2.4 Counseling women who are ready to switch to another contraceptive method to achieve adequate child spacing
- 2.5 Recognizing common breastfeeding difficulties
- 2.6 Discussion of special situations that may affect breastfeeding
- 2.7 Practicum
- 2.8 Post-test
- 2.9 End of training evaluation

Note for Session 2.5

Pre-session assignment: Management of Common Breastfeeding Difficulties

Form four pairs of participants and assign each a case to manage. Instruct participants to use their notes and resource materials in managing the case. The participants should be prepared to give five-minute presentations. Presentations should include: (a) symptoms of the difficulty, (b) management of the difficulty, and (c) measures to prevent the difficulty.

2.1 Informing and counseling clients about LAM

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> Inform clients about LAM and counsel them appropriately <p><u>Informing about LAM</u> Points of health services for LAM information dissemination:</p> <ul style="list-style-type: none"> Antenatal clinic Child health clinic, well-baby visit, immunization visit Postpartum ward Postpartum clinic Family planning clinic Labor ward (during early labor, after delivery) Community distribution or community health visits Home visits Mother-to-mother support groups 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> Flip chart, markers <p><u>Time:</u> 10 minutes</p> <p><u>Activity: Brainstorming</u> Ask participants to brainstorm a list of points in the delivery of health services where a woman and her family could be informed about LAM and other contraceptive options for breastfeeding women. List points of health services for LAM information dissemination on flip chart.</p> <p>Highlight that LAM is a method that works when women breastfeed frequently both day and night. The sooner women are informed about LAM as a contraceptive option, the better able they will be to plan for it and develop the support system they will need.</p> <hr/> <p><u>Materials:</u></p> <ul style="list-style-type: none"> Decision-making Path: LAM: 2.1a Illustration of LAM Criteria: 2.1b Case Studies to Identify LAM Criteria: 2.1c Worksheet for Case Studies (1-8): 2.1d Case Study Answer key: 2.1e <p><u>Time:</u> 50 minutes</p> <p><u>Activity: Small Group Exercise</u> Direct participants to the materials 2.1a-d.</p> <p>Divide the group into four small groups and assign all the cases to each group. Instruct participants to analyze the cases and mark in the columns which of the LAM criteria have been met in each case. Allow 10 minutes for group work and ten minutes for each group presentation and discussion.</p> <p>If the training group is fewer than ten, assign all cases to each participant for analysis and presentation to the larger group; answers will be reviewed and discussed in plenary.</p>

2.2 Initiating use of LAM

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Counsel clients about LAM • Screen clients for eligibility <p>LAM is a modern, temporary contraceptive method. When counseling a woman to use LAM, provide clear information on the following:</p> <ul style="list-style-type: none"> • The three criteria for LAM use and what they mean for ensuring contraceptive protection, • The optimal breastfeeding behaviors which help maximize the contraceptive effect of LAM, • The conditions that indicate a need to use another contraceptive method, • The range of available contraceptive methods to (a) protect a woman from STIs and (b) consider for use when she needs to use another method, • The importance of adequate birth spacing. A birth interval of at least three years is recommended for the health of the newborn, mother and older child. • When to contact a provider for support or management of breastfeeding difficulties. <p>Women counseled about family planning options during antenatal visits can start using LAM immediately postpartum if that is the selected method. LAM can also be initiated during the first few days postpartum.</p> <p>A woman can also <u>initiate</u> LAM use within the first six months postpartum, but care must be taken to verify that she has been fully or nearly fully breastfeeding her infant since delivery. Most women have postpartum bleeding (lochial discharge) during the first two months after delivery. Lochial discharge does not disqualify a woman from using LAM.</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Checklist on flipchart paper displayed for all to see • Counseling cases on LAM use: 2.2a • Checklist for LAM user: 2.2b • Trainer checklist Answer key: 2.2c • Optimal breastfeeding behaviors: 2.2d <p>Time: 60 minutes</p> <p>Activity: Group Discussion Direct participants to “Counseling Cases for LAM User,” 2.2a. As a large group, instruct participants to read through case #5, allowing five minutes. Lead a discussion by asking the participants the following questions: (a) Does woman meet three criteria for LAM use? (b) Would LAM be appropriate in this situation? (c) If the client were interested in LAM, what information would you include in counseling her? (Give detailed information).</p> <p>Answers should be consistent with the accompanying content. When participant’s answers are incomplete, bring out the information from the participant using guiding questions. Direct participants to specific areas of their notes or materials for the answer, (a) to reinforce content learning and (b) to help them become familiar with using resource materials.</p> <p>Activity: Small Group and Role Play Direct participants to the counseling checklist in their materials. Go over the checklist with participants and answer questions they may have.</p>

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2.2 Initiating use of LAM (continued)

Objectives/Content	Materials/Time/Activities
<p>In providing LAM services, it is important to give accurate user information and to screen potential clients for the presence of the LAM criteria since delivery. The group exercises can be used to help reinforce the science and application of LAM instructions.</p>	<p>Divide the group into working groups of four: mother, father, provider, observer. Assign two cases to each group. Each participant needs to play each role.</p> <p>Instruct participants to read the cases and decide who will play each role. Observer will jot down the counseling points on checklist.</p> <p>Have four groups role play a case in plenary, each group reading aloud their cases before presenting. Instruct the observing participants to use their checklist to guide their observation of the role-play and be prepared to give constructive feedback during the discussion. Keep in mind these questions:</p> <ul style="list-style-type: none"> • Do you think the woman in the case meets all the LAM criteria? • Do you think she can maintain the behaviors for successful LAM use? • What additional advice would you give to her? <p>As groups report, record their responses on the blank checklist displayed on flipchart</p> <p>After each role-play, review the participants' checklists, clarify points based on what you note on the checklists that may indicate confusion or misinformation. Give feedback (compliments or corrections) to each role-play group.</p>

2.3 Follow-up of LAM users

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Document appropriate follow-up • Register a LAM user <p>As with each contraceptive method, follow-up helps clients successfully space or prevent pregnancies. Screen a LAM client carefully regarding her need for follow-up; determine with the client how frequently she needs to be seen and what setting is most accessible for her. At the VERY LEAST, a client needs to return for a visit if she perceives any breastfeeding difficulties or as soon as any one LAM criterion changes. An additional follow-up visit before six months postpartum is essential to determine the client's plans for introducing complementary foods and for switching to another contraceptive method at 6 months postpartum. Whenever possible, to avoid missed opportunities, try to arrange visits for when the client will bring her infant for assessment or immunization.</p> <p>When follow-up will be difficult for the client to anticipate, provide condoms, spermicides, and/or progestin-only pills to use after LAM use ends so that she will be protected from unwanted pregnancy. This will be particularly important if the client will not be able to return when she needs to switch methods.</p> <p><u>Documenting Follow-up of LAM users</u></p> <p>Consideration must be given to the service delivery information system that is currently in place. Documenting LAM users helps providers plan for the client's on-going contraceptive needs.</p> <ul style="list-style-type: none"> • Record at each visit: <ol style="list-style-type: none"> 1. LAM use or 2. Switch to another method 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart, markers <p>Time: 10 minutes</p> <p>Activity: Presentation/Brainstorming Present the information for follow-up of LAM users. Ask participants what information they would need to take into consideration when planning follow-up with the client and write responses on flip chart:</p> <ul style="list-style-type: none"> • Distance from service site. • Availability of LAM trained community workers in her area. • Seasonal difficulties for returning for follow-up services. • Client's comfort or confidence with breastfeeding. • Observation of infant feeding (latching on, milk removal, satisfaction); condition of woman's nipples and breasts. • Client's plans for spacing the next and preventing another pregnancy. <hr/> <p>Materials:</p> <ul style="list-style-type: none"> • Follow-up Counseling on LAM: 2.3 <p>Time: 15 minutes</p> <p>Activity: Discussion How to incorporate LAM into current family planning and/or health records. Direct participants to current family planning and/or health records. Discuss where to document LAM use or switching to another method.</p> <p>Role play and discussion for follow-up counseling on LAM. Allow time for participant questions and suggestions to modify form 2.3.</p>

2.4 Counseling women who are ready to switch to another contraceptive method to achieve adequate child spacing

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> How to be reasonably sure a client is not pregnant Counsel women to switch from LAM to another contraceptive method <p><u>Choice of Contraceptive Methods for the Breastfeeding Woman</u></p> <p>Breastfeeding women may use other contraceptive methods to fit their needs (short-term, long-term or permanent). It is VERY IMPORTANT to counsel the mother to continue breastfeeding her infant when she switches to another contraceptive method. Contraceptive methods are safe to use during breastfeeding. However, hormonal methods may interact with maternal physiology, so progestin-only methods are not recommended until lactation is well established, at least six weeks postpartum. Further, estrogen-containing pills or estrogen-containing injections may decrease the quantity of breastmilk and are not recommended before six months postpartum. Other physical barriers, such as diaphragms and cervical caps, need to be refitted at six weeks postpartum.</p> <p>The following contraceptive methods can be provided to the breastfeeding mother:</p> <ul style="list-style-type: none"> ➤ Immediately post partum - condoms, spermicides. IUDs can be provided up to 48 hours postpartum in certain settings with specially trained providers, or after four weeks postpartum. Tubal ligation can be provided immediately postpartum in certain settings with specially trained providers or anytime thereafter with specially trained providers. A vasectomy can be provided anytime with specially trained providers. ➤ After 6 weeks post partum - diaphragms, cervical caps, Progestin-only pills (POPs), Progestin-only injectables: Depo-provera, Noristerat and Norplant® implants. <p>After 6 months post partum - Estrogen-containing pills or Estrogen-containing injections.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> How to be reasonably sure a client is not pregnant: 2.4a (FHI) Contraceptive options for women immediately postpartum and after: 2.4b Overhead of 2.4b Contraceptive options for women immediately postpartum and after (Answer key): 2.4c Flipchart paper with a list of contraceptive options Cards corresponding to the key (immediately postpartum, after six weeks, after six months) <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Group Discussion</p> <p>Review together handout 2.4a. What methods can the breastfeeding woman use, and when can she initiate their use? Why are these times selected?</p> <p>Direct participants to the worksheet 2.4b. Lead the group in completing the exercise by asking volunteer participants to place the appropriate card (immediately postpartum, after six weeks, after six months) on the flipchart and continue group discussion of the answers. As the correct answers and rationale are given, have participants fill in their own sheets.</p> <p>Review with participants the effects of estrogen-containing and non-estrogen containing methods on breastfeeding.</p> <p>Alternatively, give the group five minutes to fill in the columns on their sheets. Then have volunteer participants place answer cards on the flipchart followed by discussion of their answers.</p>

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2.4 Counseling women who are ready to switch to another contraceptive method to achieve adequate child spacing (continued)

Objectives/Content	Materials/Time/Activities
<p>As a provider of reproductive health services, it is important that you counsel a woman about the various method options at the earliest opportunity so that she can make an informed and voluntary decision about using LAM or another method that is appropriate for her. A LAM user must switch to another method as soon as any one of the LAM criteria no longer applies or whenever she decides that she would prefer to use a different method.</p> <p>At that time, the woman needs to be counseled again about method options if she is unsure of her choice, and clear instructions about the use of the new method need to be given. Schedule a follow-up visit according to local guidelines in order to support women to use their chosen method successfully.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Cases for Switching Method: 2.4d • Cases for Switching Method checklist: 2.4e • Overhead for 2.4e • Trainer Checklist Answer key: 2.4f <p><u>Time:</u> 60 minutes</p> <p><u>Activity: Small Group Exercise/Role Play</u></p> <p>Divide the group into working groups of four: mother, father, provider, observer. Assign two cases to each group. Each participant needs to play each role. Instruct participants to read the cases and decide who will play each role. Observer will jot down the counseling points on checklist.</p> <p>Have groups role play a case in plenary, each group reading aloud their cases before presenting. Instruct the observing participants to use their checklist to guide their observation of the role-play and be prepared to give constructive feedback during the discussion.</p> <p>Display a flipchart checklist or overhead (blank) and record the groups' responses as they report. Allow a maximum of ten minutes per group response, including discussion. Encourage participants to correct their checklists after each presentation.</p>

2.5 Recognizing common breastfeeding difficulties

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Recognize common breastfeeding difficulties • Make referrals to other providers when indicated <p>LAM does not have complications or side effects. However, women who breastfeed may encounter difficulties - usually in the first weeks postpartum. Since LAM depends on a specific pattern of breastfeeding for the woman to successfully use LAM, it is important that any breastfeeding difficulty she encounters be handled promptly and effectively.</p> <p>Some women do not recognize the cues of when to breastfeed their baby. Whenever the baby shows signs of wanting to be fed, by sucking on his/her hand, by moving or opening his mouth or by moving his head about, be it day or night, the mother breastfeeds her baby. This is referred to as breastfeeding “on demand.”</p> <p>Common breastfeeding difficulties include:</p> <ol style="list-style-type: none"> 1) Engorgement 2) Low milk supply 3) Cracked/sore nipples 4) Obstructed ducts that can lead to mastitis 	<p>Materials:</p> <ul style="list-style-type: none"> • Case studies of common breastfeeding difficulties: 2.5a • Checklist for case studies for common breastfeeding difficulties: 2.5b <p>Time: 40 minutes</p> <p>Activity: Case Management Discussion/ Panel</p> <p>Pre-session assignment: Using resources available, invite four participant pairs to each prepare a presentation on the prevention, symptoms, and solutions of one of the common breastfeeding difficulties.</p> <p>Invite participant pairs to present their assigned case in the allotted time (five minutes).</p> <p>Ask all participants to fill in their checklist for the cases that they did not manage. Encourage participants to ask questions to clarify the treatment decisions and rationale. Be sure that the identification of the symptoms and solutions are thoroughly discussed and in particular the preventive measures.</p>

2.6 Discussion of special situations that may affect breastfeeding

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> Discuss the management of special situations that may affect breastfeeding <p>There are special situations that can affect breastfeeding:</p> <ul style="list-style-type: none"> ➤ HIV+ woman ➤ woman who is regularly separated from her infant for more than six hours ➤ severely malnourished woman ➤ premature baby ➤ woman who had a C-Section ➤ twins ➤ baby who sleeps too much ➤ cleft palate ➤ medications ➤ others as participants mention 	<p>Materials:</p> <ul style="list-style-type: none"> Special Situations Affecting Breastfeeding in Relation to LAM: 2.6 <p>Time: 30 minutes</p> <p>Activity: Fishing Game (or invent other activity)</p> <p>Divide participants into two groups for each group to play the fishing game.</p> <p>Give each group a fishing pole with a bent paper clip for the hook and a set of paper fish, each of which also has an attached paper clip. On the underside of each fish is written a special situation. The fish are put on the floor with the special situation hidden from view.</p> <p>Instruct each participant to “fish,” read the special situation, consult with their team members, and answer the question of how a woman with this special situation can be supported to successfully breastfeed her infant and the implications the situation has for LAM use.</p>

2.7 Practicum

Objectives/Content	Materials/Time/Activities
<ul style="list-style-type: none"> • Practicum <p>The goal of the practicum is to support a woman who will:</p> <ul style="list-style-type: none"> ✓ Know (and can repeat) the three criteria for LAM use, ✓ Know the optimal breastfeeding behaviors for LAM use and practice them, ✓ Know when to stop using LAM and adopt another contraceptive method if she is to avoid an unwanted pregnancy, ✓ Know what kind of method she wants to use that is most compatible with continued breastfeeding, and ✓ Know the importance of continuing <u>both</u> breastfeeding and child spacing. <p>Participants are to demonstrate:</p> <ul style="list-style-type: none"> • The provision of health education for LAM, • Counseling skills for initiating clients to LAM, and • Counseling skills for helping a client switch to another contraceptive method. 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> • Learning Guide for LAM Counseling: 2.7a <p><u>Time:</u> Two to four hours (depending on size of group and practicum setting, may be a whole day)</p> <p><u>Activity: Practicum</u></p> <ul style="list-style-type: none"> • Give participants the logistical information in preparation for attending the practicum. Ensure that participants bring their learning guide to the practicum area. The practicum can take place at a clinic or community setting where women seek family planning counseling, antenatal care (clinic or ward), or on the postpartum clinic or ward. • Read through the guide. • Each participant will counsel at least three women on the use of LAM while another participant checks the learning guide, giving the opportunity for all participants to counsel and all to act as an observer of a counseling session. Ultimately, the trainer evaluates the participant for satisfactory performance for completion of the course. Give clear feedback to participants to facilitate behaviors that will improve their performance.

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2.7 Practicum (continued)

Objectives/Content	Materials/Time/Activities
<p>Note: It is strongly encouraged that the practicum be pre-arranged in a nearby community, clinic, and/or hospital so that participants have experience with a variety of breastfeeding clients: pregnant newly delivered, and postpartum. Simulations are useful, but not as valuable as practice with real mothers, babies, and families.</p>	<p><u>Materials:</u></p> <ul style="list-style-type: none"> Suggested Breastfeeding/LAM simulation cases: 2.7b <p><u>Time:</u> One to two hours</p> <p><u>Activity: Practicum Simulation</u> Divide the participants into groups of 3. Assign one participant to play the client role, one to be the health care provider, and the third to be an observer. Give appropriate part of case study to clients and providers and give checklist to observers. Allow time for clients to prepare their roles. Act out roles of client and provider.</p> <p>Give each group a different case study and participants change their role (client, provider, observer). Allow for all participants to play each role. Discuss in plenary.</p>

Unit III. Monitoring and Evaluation

Topics

- 3.1 Objectives of Monitoring and Evaluation
- 3.2 Characteristics of Monitoring
- 3.3 Characteristics and Types of Evaluation
- 3.4 Monitoring and Evaluation Indicators: definition, characteristics, development
- 3.5 Kinds of Indicators
- 3.6 LAM Indicators: Exclusive Breastfeeding Rate, LAM Rate, LAM User Rate, Appropriate LAM Rate, Model LAM Rate
- 3.7 LAM Monitoring and Evaluation Strategies
- 3.8 Post-test and Final Training Evaluation

3.1 Objectives of Monitoring and Evaluation

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Define monitoring • Define evaluation • Name 4 objectives of monitoring and evaluation <p>Monitoring is tracking the key elements of program performance over time (inputs, activities, results). “Are we doing what we said we were going to do?”</p> <p>Evaluation is the process of determining whether or not a project or program has had the desired impact.</p> <p>Objectives of monitoring and evaluation:</p> <ul style="list-style-type: none"> • Collect, analyze and use accurate and reliable information to: <ul style="list-style-type: none"> • Improve program planning • Improve program performance • Improve program management • Determine outcomes of activities • Evaluate program impact on beneficiaries 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart, markers • 3.1a: Monitoring and Evaluation Matching Column Game • 3.1b: Trainer Answer Key: Monitoring and Evaluation Matching Column Game • 3.1c: Unit objectives (overhead) <p>Time: 30 minutes</p> <p>Activity: Brainstorm and matching columns game Ask participants to brainstorm the importance of monitoring and evaluation in relation to LAM. Write responses on flipchart.</p> <p>Divide group into triads and distribute a copy of the monitoring and evaluation matching column game to each triad.</p> <p>Ask participants to match the items in the first column with those in the second.</p> <p>Triads keep their matching game. Each of the theoretical and technical items from the game will be discussed during this unit.</p> <p>Read through the objectives, encourage questions and answer them appropriately.</p>

3.2 Characteristics of Monitoring

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> Mention 4 characteristics of monitoring <p>Characteristics of Monitoring:</p> <ul style="list-style-type: none"> Occurs throughout project cycle on a regular basis Provides early indication of progress, or a lack of progress Provides periodic oversight of activity implementation Can be tasked to any staff, not a specific evaluation staff person Informs a project about strengths & weaknesses: do we refine our strategy? Determines whether activities are being performed correctly <ul style="list-style-type: none"> ➤ To what extent are planned intervention activities being realized? ➤ What services are provided, to whom, when, how often, for how long and in what context? 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> Flipchart, markers <p><u>Time:</u> 15 minutes</p> <p><u>Activity:</u> Ask participants to describe characteristics of monitoring that they have seen in their programs. Write responses on flipchart.</p> <p>If necessary, fill-in the response gaps with the characteristics of monitoring mentioned in the matching column game; encourage questions and answer them appropriately.</p> <p>Refer to matching column game.</p>

3.3 Characteristics and Types of Evaluation

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Mention 4 characteristics of evaluation • Explain the difference between process and impact indicators • Describe 3 types of evaluation <p>Characteristics of Evaluation:</p> <ul style="list-style-type: none"> • Time-bound • Systematic and objective • Assess performance and impact • Carried out selectively – costly & time consuming • Process & Impact <ul style="list-style-type: none"> ➢ Process: organization & management ➢ Impact: effects on beneficiaries <p>Types of Evaluations:</p> <ul style="list-style-type: none"> • Baseline Surveys: provide project with information about the target population at beginning of project intervention <ul style="list-style-type: none"> ➢ Knowledge about breastfeeding, complementary feeding, maternal nutrition, and LAM (BCM/LAM) ➢ Practices related to BCM/LAM ➢ Cultural beliefs related to BCM/LAM ➢ Household-based in the community ➢ Large, representative sample • Endline Surveys: provide project with information about the target population at the end of project intervention. The endline survey is compared to the baseline and like the baseline it is: <ul style="list-style-type: none"> ➢ Household-based in the community ➢ Large, representative sample <p>The endline asks the following questions:</p> <ul style="list-style-type: none"> ➢ Did we meet our objectives? ➢ Did we have an impact: is there a measurable difference in people's knowledge & practice? ➢ Where were we strong and where were we weak? ➢ What problems remain to be addressed? 	<p>Materials:</p> <ul style="list-style-type: none"> • 4 flipcharts with headings <p>Time: 30 minutes</p> <p>Activity:</p> <p>Form 4 small working groups. Display 4 flipcharts throughout the room with different headings: 1. Characteristics of evaluation, 2. Types of evaluation, 3. Define process evaluation, 4. Define impact evaluation</p> <p>The 4 different groups rotate from chart to chart (5 minutes at each chart) to write points on flip-charts; plenary & group discussion (10 minutes)</p> <p>Refer to matching column game.</p>

3.3 Characteristics and Types of Evaluation (continued)

Objectives/Content	Materials/Time/Activities
<ul style="list-style-type: none">• Performance Monitoring: measures knowledge & skill levels of individuals trained in the field<ul style="list-style-type: none">➤ Results are used to refine training strategy & define future training needs➤ Results are used for better supervisory visits➤ Ideally, training evaluations are not necessary<ul style="list-style-type: none">- An effective supervisory system would include on-going evaluation of field worker's knowledge & skills (counseling, methodologies) following training	

3.4 Monitoring and Evaluation Indicators

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Define an indicator • Mention 4 characteristics of an indicator • Name 3 things that must be considered when developing an indicator <p>How do we track & measure progress over time?</p> <p>What is an indicator?</p> <ul style="list-style-type: none"> • A variable • That measures • One aspect of a program • A measure of whether you are heading in the right direction • A measure of what your program has achieved • A measure of the behavior you're monitoring <p>An appropriate set of indicators will include at least one for each significant element of the program</p> <p>Characteristics of Indicators</p> <ul style="list-style-type: none"> • Quantitatively or qualitatively measurable • Relevant to the goals they represent • Objectively verifiable & reliable • Meet international professional standards • Understandable & appreciated by project participants and other stakeholders • Clarity on the appropriate levels: clinic-specific, country wide <ul style="list-style-type: none"> ➤ Is the indicator clinic-specific? ➤ Is the indicator region-specific? ➤ Is the indicator country wide? <p>Developing indicators:</p> <ul style="list-style-type: none"> • Establish during initial program planning • Reflect overall objectives • Link to behaviors • Include with baseline 	<p>Materials:</p> <ul style="list-style-type: none"> • Flipchart and markers <p>Time: 30 minutes</p> <p>Activity:</p> <p>Ask participants to form small working groups of 4 participants to write on a flipchart:</p> <ul style="list-style-type: none"> • The definition of an indicator • The characteristics of an indicator • Things to consider when developing an indicator <p>Share groups' responses in plenary.</p> <p>Display the group's consensus of the definition of an indicator.</p>

3.5 Kinds of Indicators

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> List 4 ways in which indicators can be measured Distinguish between process and impact indicators Give examples of process indicators at the following levels: individual, community, institution and policy <p>Ways to measure indicators</p> <ul style="list-style-type: none"> Knowledge, practice & coverage surveys (KPC) Health Facility Records Health Information Systems Formative research to identify behaviors & indicators <p>Kinds of Indicators: Broad: Improve the well-being of children</p> <p>Impact (objectively verifiable): Timely initiation of breastfeeding within the first hour after birth is increased by 5%</p> <p>Specific variables:</p> <ul style="list-style-type: none"> ➤ Numerator: # of infants who were breastfed within the first hour of birth ➤ Denominator: # of infants less than 12 months of age measured in the survey <p>Process indicator:</p> <ul style="list-style-type: none"> Measure progress of program activities Examples of process indicators: <ul style="list-style-type: none"> ➤ # of mother-to-mother support groups created ➤ % of health care providers trained <p>Example of process indicator Individual:</p> <ul style="list-style-type: none"> Average # per month of pregnant women who attend an educational talk on LAM <p>Community:</p> <ul style="list-style-type: none"> # of mother-to-mother support groups created # of mother-to-mother support group meetings held Percentage of villages with an HIV/AIDS committee 	<p>Materials:</p> <ul style="list-style-type: none"> Flipchart and markers Overheads <p>Time: 45 minutes</p> <p>Activity: Presentation and working groups With input from participants' experiences, facilitator explains how indicators can be measured, kinds of indicators, and the distinction between process and impact indicators.</p> <p>Give newsprint or overheads to working groups of 4 participants and ask groups to give 2 examples each of health related process indicators at the following levels: individual, community, institution and policy.</p> <p>Share and discuss in plenary.</p>

3.6 Indicators: Kinds of Indicators (continued)

Objectives/Content	Materials/Time/Activities
<p>Institution:</p> <ul style="list-style-type: none"> • Percentage of family planning counselors trained in LAM • Percentage of TBAs (Traditional Birth Attendants) who inform pregnant women about the benefits of exclusive breastfeeding <p>Policy:</p> <ul style="list-style-type: none"> • Policy to routinely promote LAM as a modern contraceptive method • Laws passed and/or enforced to promote breastfeeding <ul style="list-style-type: none"> ➤ Sale of breastmilk substitutes ➤ Maternity leave ➤ Breastfeeding work breaks 	

3.6 LAM Indicators

Objectives/Content	Materials/Time/Activities
<p>Learning Objectives:</p> <ul style="list-style-type: none"> Name 5 different LAM indicators Describe the numerator and denominator for each indicator <p>LAM Indicators:</p> <ol style="list-style-type: none"> Exclusive Breastfeeding Rate LAM rate LAM User Rate Appropriate LAM Rate Model LAM Rate <p>Exclusive Breastfeeding Rate:</p> <ul style="list-style-type: none"> WHO indicator using 24 hour recall Reflects women eligible to use LAM <p>LAM Rate:</p> <ul style="list-style-type: none"> Proportion of eligible women (infants less than 6 months), who choose LAM as a method of birth spacing <p>Formula: Current LAM users divided by all women with infants 0 < 6 months</p> <p>Accuracy: A true estimate of LAM use by eligible women</p> <p>Data Source: Service statistics (MIS) & Household-level survey (DHS)</p> <p>LAM User Rate:</p> <ul style="list-style-type: none"> Proportion of all women of reproductive age (few eligible to use LAM) who choose LAM as a method of birth spacing <p>Formula: Current LAM users divided by all women of reproductive age who use a method of modern family planning</p> <p>Accuracy: Underestimates actual LAM use by eligible women</p> <p>Data Source: Service statistics (MIS) & DHS</p> <p>LAM Appropriate Rate</p> <ul style="list-style-type: none"> Proportion of women who give birth in a given period of time who consciously & deliberately accept LAM as a birth spacing method and meet the 3 LAM criteria <p>Formula: Number of women who use LAM as a birth spacing method and meet the 3 LAM criteria divided by the total number of women with infants 0 < 6 months</p>	<p>Materials:</p> <ul style="list-style-type: none"> Flip chart, markers 3.6a: LAM Questionnaire Survey: Questions on Breastfeeding and Family Planning 3.6b: Calculating Indicator Rates 3.6c: Case Studies for LAM Monitoring and Evaluation Training (4) 3.6d: Trainer Answer Key to Case Studies <p>Time: 2 hours</p> <p>Activity: Brainstorming, Presentation, and Group work/ Case Studies</p> <p>Ask participants to name LAM indicators that they have used or heard of, and describe their numerators and denominators. Write on flipchart. With input from participants' experiences, facilitator and participants "walk through" the LAM questionnaire and the handout on calculating LAM indicator rates - filling in LAM indicator gaps and their calculations.</p> <p>Divide the group into triads and assign the four case studies to each group: 3.6c. Allow groups 30 minutes to read the cases, and discuss the questions and answers they wish to present.</p> <p>Ask four triad groups to present one answer each. Large group provides feedback and discussion. Trainer Answer Key can be found: 3.6d.</p>

3.6 LAM Indicators (continued)

Objectives/Content	Materials/Time/Activities
<p>Model LAM Rate</p> <ul style="list-style-type: none"> Proportion of women who give birth in a given period of time who consciously & deliberately accept LAM as a birth spacing method, meet the 3 LAM criteria, and know the 3 LAM criteria <p>Formula: Number of women who use LAM as a birth spacing method, meet the 3 LAM criteria, and know the 3 LAM criteria divided by the total number of women with infants 0 < 6 months</p> <p>Denominators:</p> <ul style="list-style-type: none"> Exclusive Breastfeeding Rate: Infants 0 < 6 months LAM Rate: Women with infants 0 < 6 months LAM User Rate (from FP service statistics): Women of reproductive age Appropriate LAM Rate: Women with infants 0 < 6 months Model LAM Rate: Women with infants 0 < 6 months 	

3.7 LAM Monitoring and Evaluation Strategies and Activities

Objectives/Content	Materials/Time/Activities
<p>Learning Objective:</p> <ul style="list-style-type: none"> List 2 strategies for improving LAM monitoring and evaluation List 4 activities for improving LAM monitoring and evaluation Prepare monitoring and evaluation action plan <p>Strategies for improving LAM monitoring and evaluation:</p> <ul style="list-style-type: none"> LAM as a modern contraceptive method must be integrated into the national Management Information System (MIS) LAM acceptors must be integrated into the national MOH/FP data Increase and sustain the number of LAM users by promoting optimal breastfeeding practices within an integrated and supportive environment Monitor clinics for accurate data collection Utilize results of supervisory checklist for program management Review monthly and quarterly data for changing LAM trends Review MIS and supervision data on a regular basis Conduct regular review meetings and analysis for program management 	<p>Materials:</p> <ul style="list-style-type: none"> Flipchart, markers Overheads for small groups to present action plan <p>Time: 1 hour</p> <p>Activity: Brainstorming and Group work</p> <p>Ask participants to brainstorm a list of strategies to improve LAM monitoring and evaluation. Write ideas on flipchart.</p> <p>Ask participants to brainstorm a list of activities to improve LAM monitoring and evaluation. Write ideas on flipchart.</p> <p>Divide participants into small groups (by work area or region) and ask them to prepare a monitoring and evaluation action plan: activities, inter/intra-sectoral coordination, person/team responsible, time frame, supervision, follow-up</p> <p>Each group presents action plan in plenary.</p>

3.8 Post-test and Evaluation

Objectives/Content	Materials/Time/Activities
<ul style="list-style-type: none"> Post-test 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> Post-test: (3.8a) <p><u>Time:</u> 20 minutes</p> <p><u>Activity: Post-test</u> Distribute post-test and ask each participant to answer the questions.</p> <p>Read each question and allow time so that each participant can respond individually in writing or verbally. Clarify for participants if a question seems unclear, but do not influence in any way the responses nor allow the participants to talk among themselves.</p> <p>Collect the tests (with the name of each person).</p> <p>Mark tests and compare performance between the pre- and post-test scores and the questions missed.</p> <p>Return both tests to participants and allow them time to review and ask questions.</p> <p>-----</p>
<ul style="list-style-type: none"> End of training evaluation 	<p><u>Materials:</u></p> <ul style="list-style-type: none"> End of Training Evaluation: 3.8c <p><u>Time:</u> 10 minutes</p> <p><u>Activity:</u> Distribute End of Training Evaluation sheet to participants and ask them to make their comments, explaining that their suggestions will be used to improve future trainings.</p>

MATERIALS SECTION UNIT 1

Pretest with answer key: 1.1a, 1.1b

Course objectives: 1.1e

Illustration of LAM criteria: 1.2

LAM decision-making path: 1.3a

Practice case studies with answer key: 1.3b, 1.3c

Breastfeeding and fertility: 1.5a

Effectiveness of contraceptive methods: 1.5b

Optimal breastfeeding behaviors: 1.8a

Review questions: 1.8b

Pretest: 1.1a
Lactational Amenorrhea Method (LAM):
A Contraceptive Option for Women who Breastfeed

Name: _____

Date: _____

1) List the three criteria for LAM use:

a) _____

b) _____

c) _____

2) LAM is _____% effective.

Instructions: True/False, write “T” if the statement is correct; “F” if the statement is incorrect.

3) ____ Breastfeeding and LAM are the same thing.

4) ____ Menses are considered to have returned after the first two months postpartum whenever the woman has two consecutive days of bleeding or when she perceives she has had a bleed similar to her menstrual bleed.

5) ____ Manually expressing milk for the infant when the woman is unable to breastfeed is as effective as suckling, to suppress ovulation.

6) ____ LAM always needs a back-up method for its effective use as a contraceptive method.

7) ____ Malnourished mothers cannot breastfeed.

Instructions: Fill in the blank or circle the correct response as appropriate.

- 8) For best health outcomes for mother and child, a woman should continue breastfeeding after LAM, and achieve child spacing of at least _____ years.
- 9) A LAM user has a three-month-old child. She wants to switch to another method, and she wants to continue breastfeeding. Which of the methods listed below are not recommended at this time?
(You can circle more than one answer.)
- a) IUD
 - b) A monthly contraceptive injection of a combination of an estrogen and a progestin
 - c) Condom with spermicide
 - d) Mini-pill: Progestin-Only Pill (POP)
 - e) Combined oral contraceptives
 - f) Any of the above listed methods
- 10) To gain maximum protection from pregnancy when using LAM, a woman must breastfeed (circle all that apply):
- a) No more than 4 times a day
 - b) On demand day and night
 - c) Only during the day and supplement during the night
 - d) Even when she or baby is ill
 - e) Fully or nearly fully
- 11) Define the LAM Rate.
- 12) Describe the numerator and denominator of the LAM Rate.

Pretest (answer key): 1.1b
Lactational Amenorrhea Method (LAM):
A Contraceptive Option for Women who Breastfeed

Name: _____

Date: _____

1) List the three criteria for LAM use:

- a) Menstrual periods have not resumed since baby's birth;**
- b) Baby is fully or nearly fully breastfeeding, frequently day and night;**
- c) Baby is less than six months old.**

2) LAM is >98 % effective.

Instructions: True/False, write "T" if the statement is correct; "F" if the statement is incorrect.

- 3) F Breastfeeding and LAM are the same thing.
- 4) T Menses are considered to have returned after the first two months postpartum whenever the woman has two consecutive days of bleeding or when she perceives she has had a bleed similar to her menstrual bleed.
- 5) F Manually expressing milk for the infant when the woman is unable to breastfeed is as effective as suckling, to suppress ovulation.
- 6) F LAM always needs a back-up method for its effective use as a contraceptive method.
- 7) F Malnourished mothers cannot breastfeed.

Instructions: Fill in the blank or circle the correct response as appropriate.

8) For best health outcomes for mother and child, a woman should continue breastfeeding after LAM, and achieve child spacing of at least 3 years.

9) A LAM user has a three-month-old child. She wants to switch to another method, and she wants to continue breastfeeding. Which of the methods listed below are not recommended at this time?

(You can circle more than one answer.)

a) IUD

b) A monthly contraceptive injection of a combination of an estrogen and a progestin

c) Condom with spermicide

d) Mini-pill: Progestin-Only Pill (POP)

e) Combined oral contraceptives

f) Any of the above listed methods

10) To gain maximum protection from pregnancy when using LAM, a woman must breastfeed (circle all that apply):

a) No more than 4 times a day

b) On demand day and night

c) Only during the day and supplement during the night

d) Even when she or baby is ill

e) Fully or nearly fully

11) Define the LAM Rate.

Proportion of women with infants less than 6 months who consciously and deliberately accept LAM as a method of contraception

12) Describe the numerator and denominator of the LAM Rate.

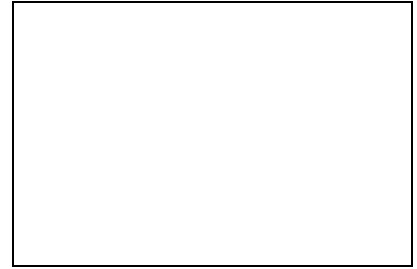
The numerator is the number of women who say they are using LAM as a method of contraception

The denominator is the total number of women with infants less than 6 months old

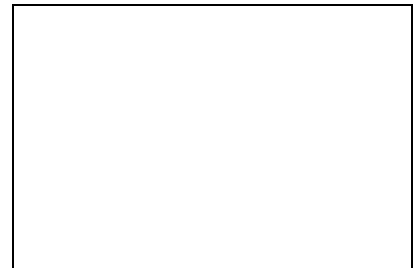
Course objectives: 1.1e

1. Define Lactational Amenorrhea Method (LAM).
2. Explain the basic mechanism of action and effectiveness of LAM.
3. List advantages and disadvantages of LAM.
4. Understand the benefits of child spacing and continuing breastfeeding after LAM.
5. Explore their own attitudes toward LAM and the effect their attitudes may have on the provision of LAM services.
6. Screen clients for use of LAM and counsel them appropriately.
7. Counsel clients who are ready to switch to another contraceptive method.
8. Recognize common breastfeeding difficulties that LAM users may encounter and refer to other providers when indicated.
9. Discuss the management issues of special situations that affect breastfeeding.

Illustration of LAM criteria: 1.2



The woman's menstrual periods have not resumed.



The baby is fully or nearly fully breastfed, preferably exclusively, frequently day and night.

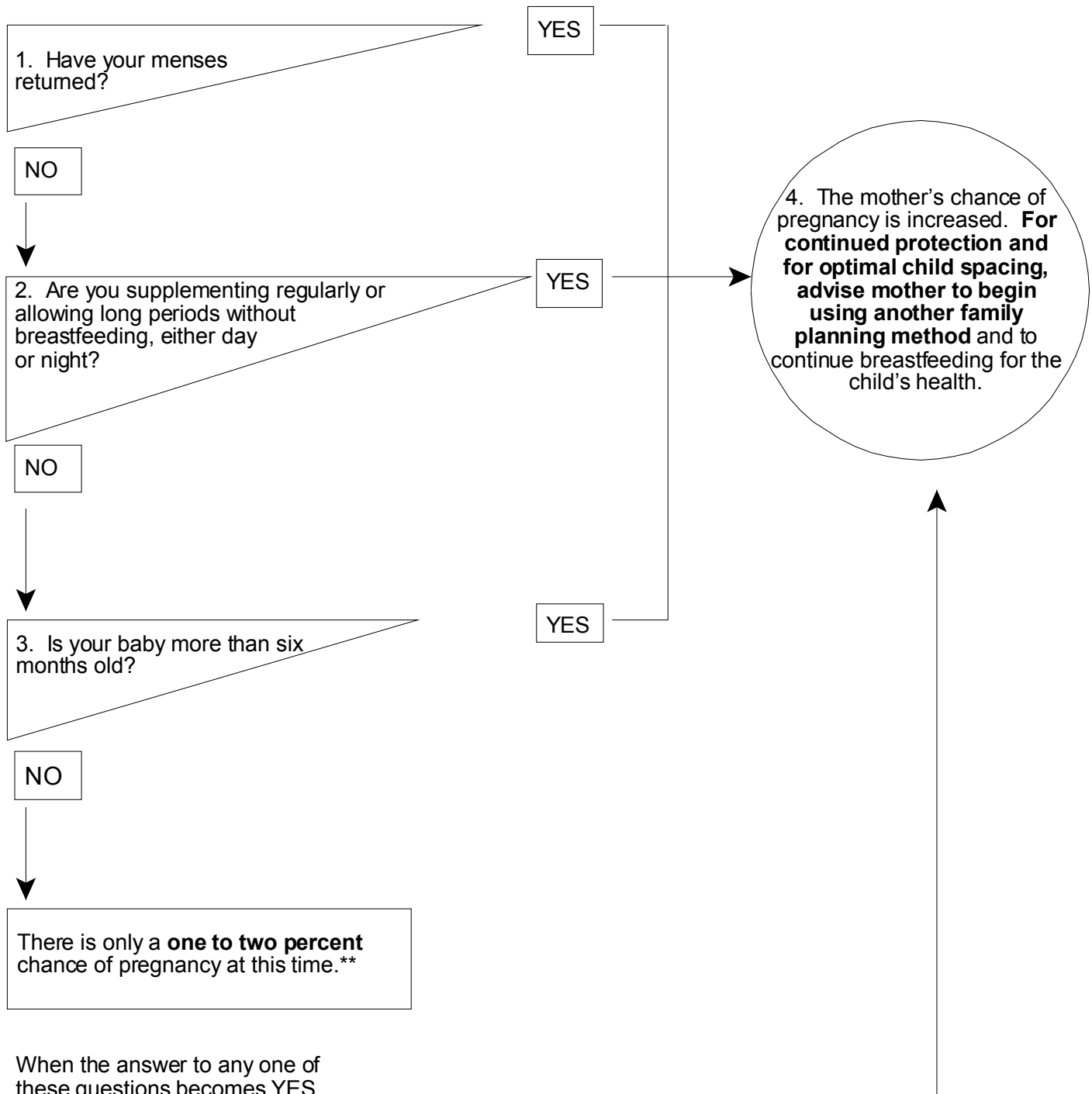


The baby is less than six months old.

Source: AED *Manual de Lactancia Materna*

LAM decision making path*: 1.3a

Ask the mother these three questions:



*Adapted from Institute for Reproductive Health Algorithm

** However, the mother may choose to use a complementary family planning method at any time.

Practice case studies: 1.3b

Case 1

January 1: The baby is born.

May 15: The mother begins to give tastes of semi-solid foods every two days.

July 12: Menstrual periods return.

Q 1. When does lactational amenorrhea end?

Q 2. When does LAM end?

Case 2

March 1: The baby is born.

September 10: The mother begins to give three bottles of milk almost every day.

September 5: Menstrual periods return.

Q 1. When does lactational amenorrhea end?

Q 2. When does LAM end?

Case 3

September 1: The baby is born.

March 19: The mother begins to give solid food five times a week.

February 15: Menstrual periods return.

Q 1. When does lactational amenorrhea end?

Q 2. When does LAM end?

Practice case studies: 1.3b (continued)

Case 4

February 28: Twins are born

April 30: The mother begins to give two bottles of formula to each twin every day.

December 1: Menstrual periods return.

Q 1. When does lactational amenorrhea end?

Q 2. When does LAM end?

Case 5

December 5: The baby is born.

April 25: The baby starts sleeping eight hours continuously every night.

June 5: Menstrual periods return.

Q 1. When does lactational amenorrhea end?

Q 2. When does LAM end?

Case 6

May 7: The baby is born.

May 10: The mother gives the baby one teaspoon of boiled chamomile tea each evening and otherwise only breastfeeds.

December 30: Mother's first period occurs.

Q 1. When does lactational amenorrhea end?

Q 2. When does LAM end?

Practice case studies (answer key): 1.3c

Case 1

January 1: The baby is born.

May 15: The mother begins to give tastes of semi-solid foods every two days.

July 12: Menstrual periods return.

Q 1. When does lactational amenorrhea end? **July 12**

Q 2. When does LAM end? **July 1, because tastes of semi-solid foods every two days meant that mother was still nearly fully breastfeeding.**

Case 2

March 1: The baby is born.

September 10: The mother begins to give three bottles of milk almost every day.

September 5: Menstrual periods return.

Q 1. When does lactational amenorrhea end? **September 5**

Q 2. When does LAM end? **Sept 1 (because of the date > six months); occurred before the return of menstrual periods and the addition of bottles of milk.**

Case 3

September 1: The baby is born.

March 19: The mother begins to give solid food five times a week.

February 15: Menstrual periods return.

Q 1. When does lactational amenorrhea end? **February 15**

Q 2. When does LAM end? **February 15 (because of the return of menstrual periods).**

Practice case studies (answer key): 1.3c (continued)

Case 4

February 28: Twins are born

April 30: The mother begins to give two full bottles of formula to each twin every day.

December 1: Menstrual periods return.

Q 1. When does lactational amenorrhea end? **December 1**

Q 2. When does LAM end? **April 30, because mother is no longer fully or nearly fully breastfeeding.**

Case 5

December 5: The baby is born.

April 25: The baby starts sleeping eight hours continuously every night.

June 5: Menstrual periods return.

Q 1. When does lactational amenorrhea end? **June 5**

Q 2. When does LAM end? **April 25, because interval between feedings at night is greater than six hours.**

Case 6

May 7: The baby is born.

May 10: The mother gives the baby one teaspoon of boiled chamomile tea each evening and otherwise only breastfeeds.

December 30: Mother's first period occurs.

Q 1. When does lactational amenorrhea end? **December 30**

Q 2. When does LAM end? **November 7, because age criteria is no longer met, (baby is now 6 months old).**

Breastfeeding and fertility: 1.5a

Physiology of Infertility Due to Breastfeeding

Nipple Stimulation

↓
1. Milk Production

2. Let Down

3. Suppression of
Ovulation

↓
Amenorrhea



Adapted from: *Manual de Lactancia Materna*, AED and *Lactancia Materna: Materiales para Capacitación*. Sistema Nacional de Salud: Mexico. Vol. 2.

Effectiveness of contraceptive methods: 1.5b

Pregnancies per 100 Women in First 12 Months of Use		
Method of Contraception	Typical Use	Perfect Use
Norplant	0.1	0.1
Vasectomy	0.15	0.1
Depo-provera, Noristerat	0.3	0.3
Female Sterilization	0.5	0.5
IUD (TC u-380A)	0.8	0.6
Progestin-only Ocs during breastfeeding	1	0.5
LAM	2	0.5
COCs	6-8	0.1
Condom	14	3
Diaphragm with spermicide	20	6
Fertility awareness-based methods	20	1-9
Female condom	21	5
Spermicide	26	6
No method	85	85

	Very Effective (0-1) <i>Always very effective.</i>
	Effective (2-9) <i>Effective as typically used.</i> <i>Very effective when used perfectly.</i>
	Somewhat effective (10-30) <i>Only somewhat effective as typically used.</i> <i>Effective when used perfectly.</i>

Adapted from: The Essentials of Contraceptive Technology,
Johns Hopkins Population Information Program, 1997.

Optimal breastfeeding behaviors: 1.8a

1. Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother for at least several hours following delivery.
2. Breastfeed frequently, whenever the infant is hungry, both day and night. (This means that, in general, a woman will breastfeed at least eight times during a day and at least one time during the night).
3. Breastfeed exclusively for the first six months, giving no water, other liquids, or solid foods.
4. After the first six months, when complementary foods are introduced, breastfeeding should precede each complementary feeding.
5. Continue to breastfeed for up to two years and beyond.
6. Continue breastfeeding even if the mother or the baby becomes ill.
7. Avoid using bottles, pacifiers (dummies), or other artificial nipples.
8. Mothers should eat and drink sufficient quantities of available nutritious foods to satisfy their hunger and thirst.²

² Adapted from *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method – LAM*. Institute for Reproductive Health, Georgetown University, 1994 (available in Arabic, English, French and Spanish).

Review questions: 1.8b

1. What is the definition of LAM?
2. What are the three criteria for LAM use?
3. Which pattern of breastfeeding is required to use LAM?
4. How does LAM prevent pregnancy?
5. What are three advantages of LAM?
6. What are three disadvantages of LAM?
7. What is the effectiveness of LAM?
8. What is the importance of child spacing and continuing breastfeeding after LAM?

(See answers within content.)

MATERIALS SECTION UNIT 2

LAM decision-making path: 2.1a

Illustration of LAM criteria: 2.1b

Case studies to identify LAM criteria: 2.1c

Worksheet for case studies: 2.1 d

Case studies to identify LAM criteria (answer key): 2.1e

Counseling cases for LAM user: 2.2a

Checklist for LAM user and answer key: 2.2b, 2.2c

Optimal breastfeeding behaviors: 2.2d

Follow-up counseling on LAM: 2.3

How to be reasonably sure that a client is not pregnant: 2.4a

Contraceptive options for women immediately postpartum and after and answer key: 2.4b, 2.4c

Cases for switching methods, checklist and answer key: 2.4d, 2.4e, and 2.4f

Case studies of common breastfeeding difficulties and checklist: 2.5a, 2.5b

Special situations affecting breastfeeding in relation to LAM: 2.6

Learning guide for LAM counseling: 2.7a

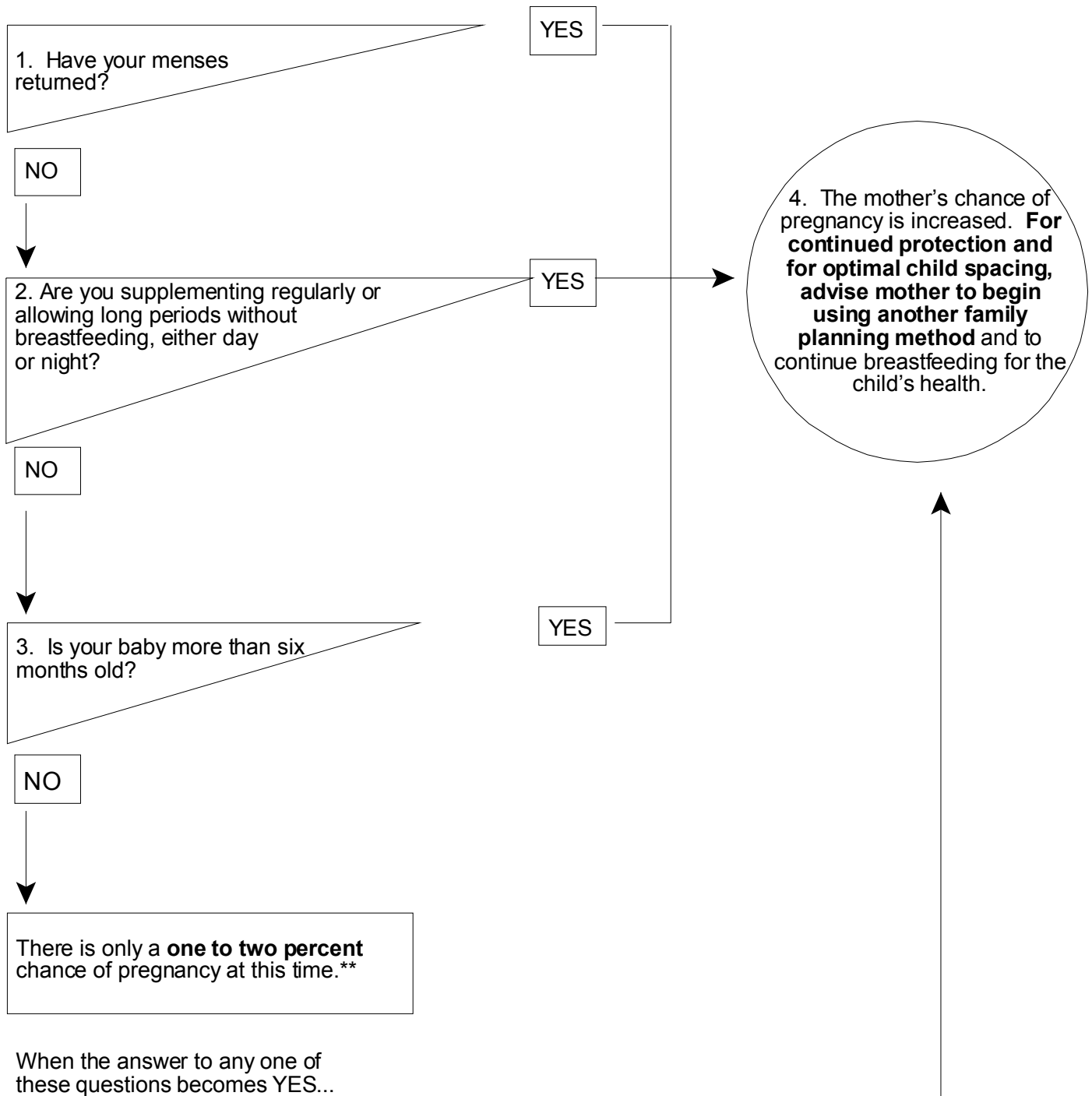
Simulated breastfeeding/LAM practicum cases: 2.7b

Post-test with answer key: 1.1a, 1.1b

End of training evaluation: 2.9

LAM decision making path*: 2.1a

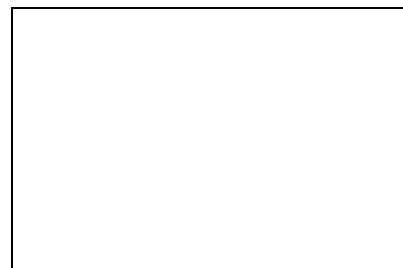
Ask the mother these three questions:



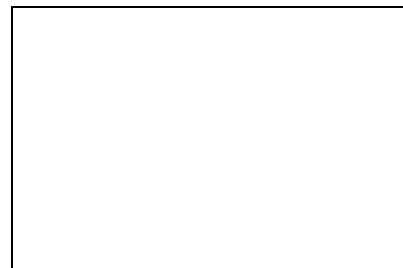
*Adapted from Institute for Reproductive Health Algorithm

**However, the mother may choose to use a complementary family planning method at any time.

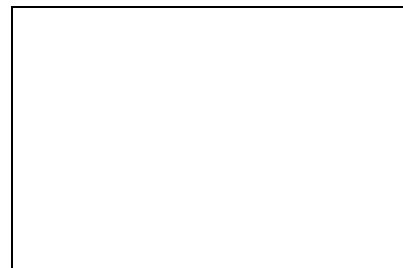
Illustration of LAM criteria: 2.1b



The woman's menstrual periods have not resumed.



The baby is fully or nearly fully breastfed, preferably exclusively, frequently day and night.



The baby is less than six months old.

Source: AED *Manual de Lactancia Materna*

Case studies to identify LAM criteria: 2.1c

Can this woman rely on LAM?

- 1) A mother has a four-month-old baby and has not had her menstrual periods. She does the laundry for three hours and leaves the baby with his brothers and sisters. She breastfeeds her baby exclusively.
- 2) Mother with a three-month-old baby who fully breastfeeds and has already had her menstrual period.
- 3) Mother with a two-week-old baby; nearly fully breastfeeds, has vaginal bleeding.
- 4) Mother with a two-month-old baby; has not had a menstrual period; she breastfeeds him and gives him a bottle of sugar-water three times every day.
- 5) Mother with a four-month-old baby; she fully breastfeeds him and the baby sleeps from 12 midnight to 6 a.m. She has not had a menstrual period.
- 6) Mother with a three-month-old baby, she breastfeeds exclusively; she had her menstrual period last week.
- 7) Mother with a four-month-old baby; she breastfeeds exclusively day and night and has not had a menstrual period yet.
- 8) Mother who is nearly fully breastfeeding; her baby is four months old. She has seen a little spotting on one day last month.

Worksheet for case studies to identify LAM criteria: 2.1d

Case Number



The woman's menstrual periods have not resumed.

1	2	3	4	5	6	7	8



The baby is fully or nearly fully breastfed, preferably exclusively, frequently day and night.

1	2	3	4	5	6	7	8



The baby is less than six months old.

1	2	3	4	5	6	7	8

Source: AED *Manual de Lactancia Materna*

Case studies to identify LAM criteria (answer key): 2.1e

Can this woman rely on LAM?

- 1) A mother has a four-month-old baby and has not had her menstrual periods. She does the laundry for three hours and leaves the baby with his brothers and sisters. She breastfeeds her baby exclusively.

A: Yes

- 2) Mother with a three-month-old baby who fully breastfeeds and has already had her menstrual periods.

A: No, because her menstrual periods have returned.

- 3) Mother with a two-week-old baby; nearly fully breastfeeds, has vaginal bleeding.

A: Yes, bleeding during the first two months postpartum is not considered menstrual bleeding.

- 4) Mother with a two-month-old baby; has not had a menstrual period; she breastfeeds him and gives him a bottle of sugar-water three times every day.

A: No, because breastfeeding is not full or nearly full.

- 5) Mother with a four-month-old baby; she fully breastfeeds him and the baby sleeps from 12 midnight to 6 a.m. She has not had a menstrual period.

A: Yes, because she meets all of the criteria.

- 6) Mother with a three-month-old baby, she breastfeeds exclusively; she had her menstrual period last week.

A: No, because her menstrual periods returned.

- 7) Mother with a four-month-old baby; she breastfeeds exclusively day and night and has not had a menstrual period yet.

A: Yes, meets all three criteria.

- 8) Mother who is nearly fully breastfeeding; her baby is four months old. She has seen a little spotting on one day last month.

A: Yes, because menstruation as defined for use in LAM is two consecutive days of bleeding after two months postpartum, or when a woman perceives that she has had a bleed similar to her menstrual bleed.

Counseling cases for LAM user: 2.2a

- 1) Mrs. Jones has a three-month-old daughter and comes in to ask you what to do so as not to become pregnant, since she has two other children. When you ask her about the three criteria for LAM use, she tells you that she has been breastfeeding and that she has only given her daughter about two ounces of sugary water very infrequently because it has been very hot. She still has not had her menstrual period. Would you counsel her to use LAM? If yes, why? If no, why not?
- 2) Miriam has a five-week-old baby and she wants to space her pregnancies. She has been using LAM all this time. When asked about her breastfeeding practices and if she has had a period yet, she answers that she is exclusively breastfeeding and that she was bleeding from the birth of her baby through last week. What would you suggest? Can she continue using LAM?
- 3) Charlie is four months old and his mother has started to work outside the home. She expresses her milk twice every four hours while she is at work. She leaves the house at 7 a.m. and returns at 4 p.m. in the afternoon. The mother is amenorrheic and wants to wait two years before she becomes pregnant again. How would you counsel her?
- 4) Carmen has a two-and-a-half month old baby and has been using LAM since the baby was born. A few days ago she started using a pacifier so that the baby does not cry. What would you counsel her regarding LAM?
- 5) Ana is a 32-year-old woman who had a baby by C-section one month ago. Her previous pregnancies all ended in miscarriages. After the baby was born, she and her husband decided not to have another child. She is breastfeeding exclusively on demand and has decided not to return to work before the baby is six months old because she does not want to leave him alone. What would you recommend?

Checklist for LAM user: 2.2b

“How to counsel a LAM user”

	Case 1	Case 2	Case 3	Case 4	Case 5
Amenorrhea					
Full or nearly full Breastfeeding					
Baby less than 6 months					
LAM					
Counseling					

Checklist for LAM user (answer key): 2.2c

“How to counsel a LAM user”

	Case 1	Case 2	Case 3	Case 4	Case 5
Amenorrhea	X	X	X	X	X
Full or nearly full Breastfeeding	Almost exclusive	Exclusive	Exclusive breastmilk feeding	X	Exclusive
Baby less than 6 months	X	X	X	X	X
LAM	Yes	Yes	No	Yes	Yes, but...
Counseling	<p>Counsel the mother to not give water because the baby does not need it. Breastmilk has enough water for the baby.</p> <p>Counsel her that if she gives bottles to the baby, she runs the risk of not being able to use LAM, and also increases the risk of illness in her baby.</p>	<p>Bleeding in the first two months postpartum is not menses.</p>	<p>Counsel the mother to continue extracting her milk because it is best for the baby.</p> <p>She may use LAM, but her chance of pregnancy is increased.</p> <p>Counsel mother on another contraceptive method.</p> <p>Counsel on importance of 3 years birth spacing.</p>	<p>Eliminate the pacifier.</p> <p>Feed baby when s/he cries.</p>	<p>Counsel the mother to continue to exclusively breastfeed.</p> <p>Counsel the mother on her contraceptive options, including permanent methods.</p>

Optimal breastfeeding behaviors: 2.2d

1. Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother for at least several hours following delivery.
2. Breastfeed frequently, whenever the infant is hungry, both day and night. (This means that, in general, a woman will breastfeed at least eight times during a day and at least one time during the night).
3. Breastfeed exclusively for the first six months, giving no water, other liquids, or solid foods.
4. After the first six months, when complementary foods are introduced, breastfeeding should precede each complementary feeding.
5. Continue to breastfeed for up to two years and beyond.
6. Continue breastfeeding even if the mother or the baby becomes ill.
7. Avoid using bottles, pacifiers (dummies), or other artificial nipples.
8. Mothers should eat and drink sufficient quantities of available nutritious foods to satisfy their hunger and thirst.³

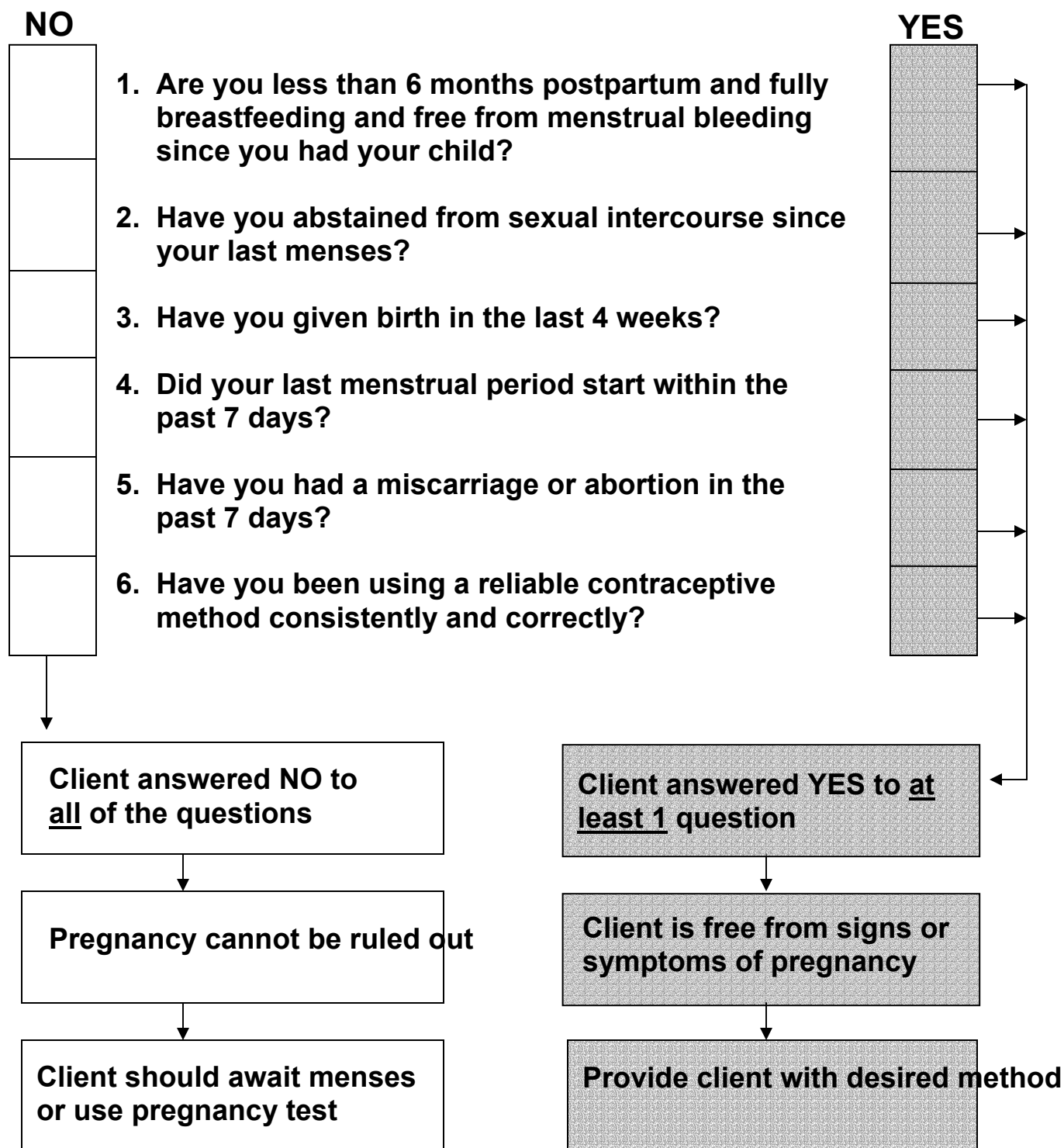
³ Adapted from *Guidelines: Breastfeeding, Family Planning, and the Lactational Amenorrhea Method – LAM*. Institute for Reproductive Health, Georgetown University, 1994 (available in Arabic, English, French and Spanish).

Follow-up counseling on LAM: 2.3

Date	
A. Bleeding (dates)	
B. Spotting (dates)	
C. Water/liquids given	
D. Solid foods given	
E. Number of breastfeedings per day/ night (24 hours)	
F. Number of hours in the longest interval between feedings	
G. Are three LAM criteria met: Y/N. If NO what other method.	
Remarks (sickness of mother or baby, use of pacifier, breastfeeding difficulties and other observations)	

How to be reasonably sure a client is not pregnant: 2.4a

If the client answers YES to any question, proceed to the box at the bottom of the YES column



Source: Family Health International

Contraceptive options for women immediately postpartum and after: 2.4b

METHOD	For women who breastfeed...	For women who do not breastfeed...
Abstinence		
Combined injectables (Cyclofem®, Mesigyna®, Lunelle ®)		
Combined Oral Contraceptives		
Condom		
Diaphragm, Cervical Cap		
IUD		
LAM		
Norplant ®		
Ovulation Method		
Progestin-only Injectables (Depo-provera, Noristerat)		
Progestin-only pills (Mini-pill)		
Spermicide		
Tubal Ligation		
Vasectomy		

Place the corresponding numbers in columns.

1 = Recommended for use during the first six weeks postpartum.

2 = Recommended for use after six weeks postpartum.

3 = Recommended for use after six months postpartum.

Contraceptive options for women immediately postpartum and after (answer key): 2.4c

METHOD	For women who breastfeed...	For women who do not breastfeed...
Abstinence	1, 2, 3	1, 2, 3
Combined injectables (Cyclofem®, Mesigyna®, Lunelle®)	3	2, 3
Combined Oral Contraceptives	3	2, 3
Condom	1, 2, 3	1, 2, 3
Diaphragm, Cervical Cap	2, 3	2, 3
IUD	1, 2, 3 (where services have specially trained providers)	1, 2, 3 (where services have specially trained providers)
LAM	1, 2	cannot be used
Norplant®	2, 3	1, 2, 3
Ovulation Method	1, 2, 3	1, 2, 3
Progestin-only Injectables (Depo-provera, Noristerat)	2, 3	1, 2, 3
Progestin-only pills (Mini-pill)	2, 3	1, 2, 3
Spermicide	1, 2, 3	1, 2, 3
Tubal Ligation	1, 2, 3 (where services have specially trained providers)	1, 2, 3 (where services have specially trained providers)
Vasectomy	1, 2, 3 (where services have specially trained providers)	1, 2, 3 (where services have specially trained providers)

Place the corresponding numbers in the columns.

1 = Recommended for use during the first six weeks postpartum.

2 = Recommended for use after six weeks postpartum.

3 = Recommended for use after six months postpartum.

Cases for switching methods: 2.4d

1. Jane has a four-month-old baby, is exclusively breastfeeding, and has been using LAM to prevent pregnancy. She had a menstrual period last week and does not know what would be the best family planning method for her while she continues breastfeeding. She has been told that family planning methods are bad for her milk.
2. Mrs. Smith has been giving only breastmilk to her son for six months and thinks that breastfeeding is going to continue protecting her for a longer period of time until she gets her period.
3. Stephanie is a mother with three children and her baby is three months old. She thinks that she is using LAM as a method to space her pregnancies, but she began to daily give a bottle of formula when her baby was two months old. She has not had a period. Stephanie is very confused because she does not know how much longer she will be protected.
4. Celia is a mother who is a LAM user with a four-month-old baby. She comes for consultation because she wants to know how much longer she can use LAM and is worried because she does not know what she will do next.
5. While counseling Suzanne about initiating LAM, she tells you she lives far away from the clinic. She is concerned that she may not be able to return as soon as one of the criteria can no longer be met. What should she do?

Checklist for cases for switching methods: 2.4e

	Case 1	Case 2	Case 3	Case 4	Case 5
Amenorrhea					
Full or nearly full breastfeeding					
Baby is younger than six months					
LAM					
Breastfeeding baby from six weeks to six months					
Breastfeeding a baby older than 6 months					
Not breastfeeding the baby					
Probing					
Counseling					

Checklist for cases for switching methods (answer key): 2.4f

	Case 1	Case 2	Case 3	Case 4	Case 5
Amenorrhea	No	Yes	Yes	Yes	Yes
Full or nearly full breastfeeding	Exclusive	Exclusive	Partial	Yes	Yes
Baby is younger than six months	Yes	No	Yes	Yes	Yes
LAM	No	No	No	Depends on history	Yes
Breastfeeding baby from six weeks to six months	All methods except estrogen-containing methods.	All methods.	All methods except estrogen-containing methods.	All methods except estrogen-containing methods.	All methods except estrogen-containing methods.
Breastfeeding a baby older than 6 months	All methods.				
Not breastfeeding the baby	All methods.				
Probing			Ask why Stephanie is giving bottle of formula.	Question Celia's LAM use because she doesn't seem to know the third criteria: < six months	
Counseling	Counsel on importance of three years birth spacing. Counsel the mother that no FP methods are BAD for her milk, but that it is best to delay estrogen-containing methods until after 6 months.	Counsel on importance of three years birth spacing. May use extended LAM if she insists.	Counsel on importance of three years birth spacing. Stop giving bottle of formula.	Counsel on importance of three years birth spacing.	Counsel on importance of three years birth spacing. Give supply of condoms, spermicides, or progestin-only pills as interim method until she can return to the clinic for her method of choice.

Case studies of common breastfeeding difficulties: 2.5a

Instructions: Place your answers to the case questions in the blank chart provided.

Case 1

Faduma delivered her second baby 4 days ago. Since she plans to stay at home with the new baby and her two-year old, she decided, along with her doctor's encouragement, that she would try LAM for child spacing. Faduma also breastfed her first baby, but never exclusively, as she offered teas and water from the first week. Today at 4 days postpartum she comes to you very engorged and says that breastfeeding all the time hurts too much and she wants to give a bottle at night so she can sleep.

- a) What preventive measures could have been taken to help Faduma?
 - b) What are the signs/symptoms of engorgement?
 - c) What counseling can you offer Faduma?
-

Case 2

Karen has come to you today (six weeks postpartum) because she is concerned that she is not producing enough breastmilk for her baby. She has been using LAM successfully until now. She says her baby seems to be crying more and wanting to feed more.

- a) What guidance could be given mothers to help prevent "low milk supply"?
 - b) What are the signs/symptoms of insufficient milk supply?
 - c) What counseling can you offer Karen?
-

Case 3

Anita is three days postpartum, delivered by cesarean section, with a big baby boy. When you visit her, you find her grimacing in pain with the baby in her lap. Upon asking Anita where she is having pain, she tells you that her nipples hurt. When you examine her, you find a small crack on each nipple.

- a) What guidance could be given mothers to help prevent sore or cracked nipples?
 - b) What are the signs/symptoms of sore or cracked nipples?
 - c) What counseling can you offer Anita?
-

Case 4

Carmen's mother-in-law has brought her and her two-month-old baby into your clinic. She says that recently Carmen finds breastfeeding painful, that Carmen has a red area on her right breast and complains of feeling very sick. She thinks that Carmen has a fever.

- a) What guidance could be given mothers to help prevent obstructed ducts or mastitis?
- b) What are the signs/symptoms of obstructed ducts or mastitis?
- c) What counseling can you offer Carmen and her mother-in-law?

Checklist for case studies of common breastfeeding difficulties: 2.5b

	Engorgement
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Correct latch-on and positioning <input type="checkbox"/> Breastfeed immediately after birth <input type="checkbox"/> Breastfeed on demand (as often and as long as baby wants) day and night a minimum of 8 times per day
Symptoms	<ul style="list-style-type: none"> <input type="checkbox"/> Swelling, tenderness, warmth, redness, throbbing, pain, low-grade fever and flattening of the nipple <input type="checkbox"/> Skin on breast(s) is taut <input type="checkbox"/> Usually begins on the 3rd - 5th day after birth
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Apply cold compresses to breast(s) <input type="checkbox"/> Breastfeed more frequently and/or for longer periods <input type="checkbox"/> Improve infant positioning and attachment <input type="checkbox"/> Massage breast(s) <input type="checkbox"/> Apply cabbage leaves <input type="checkbox"/> Express some milk <input type="checkbox"/> Apply a warm jar

Checklist for case studies of common breastfeeding difficulties: 2.5b (continued)

	Low Milk Supply
Prevention	<ul style="list-style-type: none"> ❑ Breastfeed more frequently ❑ Exclusively breastfeed day and night ❑ Breastfeed on demand, with intervals between feeds no more than four hours ❑ Correct positioning of baby ❑ Intervals of not more than 4 hours ❑ Encourage support from the family to perform non-infant care chores ❑ Avoid bottles and pacifiers
Symptoms	<ul style="list-style-type: none"> ❑ Insufficient weight gain ❑ Number of wet diapers (Less than 6 per day) ❑ Baby not satisfied
Counseling	<ul style="list-style-type: none"> ❑ Withdraw any supplement, water, formulas, or tea ❑ Feed baby on demand, day and night ❑ Increase frequency of feeds ❑ Wake the baby up if s/he sleeps throughout the night ❑ Make sure baby latches-on to the breast correctly ❑ Reassure mother that she is able to produce sufficient milk ❑ Explain about growth spurts

Checklist for case studies of common breastfeeding difficulties: 2.5b (continued)

	Sore/Cracked Nipples
Prevention	<ul style="list-style-type: none"> <input type="checkbox"/> Correct position of baby <input type="checkbox"/> Correct latch-on & sucking <input type="checkbox"/> Do not use soap
Symptoms	<ul style="list-style-type: none"> <input type="checkbox"/> Breast/nipple pain <input type="checkbox"/> Cracks in the nipples <input type="checkbox"/> Occasional bleeding <input type="checkbox"/> Nipples become reddened
Counseling	<ul style="list-style-type: none"> <input type="checkbox"/> Apply drops of hind breast milk to nipples and allow to air dry <input type="checkbox"/> Make sure baby latches-on to the breast correctly <input type="checkbox"/> Remove the baby from the breast by breaking suction first <input type="checkbox"/> Expose breasts to air and sunlight <input type="checkbox"/> Begin to breastfeed on the side that hurts less <input type="checkbox"/> Do not stop breastfeeding <input type="checkbox"/> No soap or cream <input type="checkbox"/> Do not wait until the breast is full to breastfeed. If full express some milk first

Checklist for case studies of common breastfeeding difficulties: 2.5b (continued)

	Plugged Ducts→Mastitis
Prevention	<ul style="list-style-type: none"> ❑ Breastfeed on demand ❑ Avoid holding the breast in scissor hold ❑ Avoid tight brassieres ❑ Avoid sleeping on stomach (mother) ❑ Use a variety of positions for holding the baby to rotate pressure points on breasts
Symptoms	<p><i>Symptoms of mastitis</i></p> <ul style="list-style-type: none"> ❑ Breast pain ❑ Generally not feeling well ❑ Redness in one area of the breast, swollen, hot to touch, hard with a red streak ❑ Fever (at times), flu-like symptoms
Counseling	<ul style="list-style-type: none"> ❑ Apply heat before the start of breastfeeding ❑ Massage the breasts before breastfeeding ❑ Increase maternal fluid intake ❑ Encourage maternal rest ❑ Breastfeed more frequently ❑ Seek medical treatment; antibiotics may be necessary ❑ Counsel proper positioning

Special situations affecting breastfeeding in relation to LAM: 2.6

Human Immuno-deficiency Virus (HIV)

Woman who is HIV negative or of unknown status

- Promote exclusive breastfeeding for six months, the introduction of complementary foods at around six months, and the continuation of frequent, on-demand breastfeeding.
 - The woman can use LAM if the criteria are met.

HIV-positive woman who chooses to breastfeed

- Encourage the woman to practice *exclusive* breastfeeding for about six months and then to introduce appropriate complementary foods.
- If the woman experiences breast problems such as mastitis, cracked nipples, or breast abscess, advise to breastfeed with the unaffected breast and to express and discard milk from the affected breast.
- Encourage the woman to seek immediate care for a baby with thrush or oral lesions.
- If the woman presents with AIDS-related conditions (prolonged fever, severe cough or diarrhea, or pneumonia), advise to visit a health center immediately.
 - The woman can use LAM if the criteria are met.

HIV-positive woman who chooses to replacement feed

- Counsel on safe and appropriate use of infant formula or cow's milk (with additional sugar) for the first six months.
- Counsel to use a cup, not a bottle.
 - The woman is not breastfeeding and thus cannot use LAM.

Remember: The woman who is HIV-positive should use condoms to minimize transmission and protect herself from repeated exposure to infected semen.

A study conducted in Durban, South Africa, observed that infants who were exclusively breastfed for at least three and up to six months of age had no excess risk of HIV infection at six months compared with infants who were not breastfed. They had significantly lower rates of HIV transmission at six months and at 15 months compared to infants who were breastfed but who also received other liquids or food.⁴

These findings make sense because with exclusive breastfeeding, the infant is exposed to fewer bacterial contaminants and food antigens, which can damage the gut lining.⁵ Other liquids and foods do compromise intestinal integrity, resulting in small lesions in the gut through which HIV virus can pass to infect the infant.

⁴ Coutsooudis et al, 1999

⁵ Piwoz 2000

Special situations affecting breastfeeding in relation to LAM: 2.6 (continued)

Woman who is separated daily from her infant

When a breastfeeding woman is separated daily from her infant for more than six hours and expresses breastmilk manually to leave for the infant, she **cannot** rely on high LAM efficacy. The stimulation of the nipple through infant suckling is most effective in suppressing ovulation. Suckling needs to occur a minimum of eight times per 24-hour period. Manually expressing milk is not as effective for contraception but allows her to continue to give only breastmilk to her infant.

- Counsel the woman to express or pump milk, and store milk for use while separated from the infant. (Expression techniques, storage and feeding of expressed milk are beyond the scope of this module).
- Counsel the woman to frequently feed her infant when she is at home.
 - Help woman choose a family planning method and counsel her on the importance of three years birth spacing.

Note: Where a woman is able to keep her infant with her at the work site, counsel the woman to feed her infant on demand. In this case, the woman can rely on LAM.

Malnourished Woman

- There is no significant change in quality or quantity of the milk.
- The woman herself may experience nutritional compromise in order to preserve lactation.
- In severely malnourished women, milk quality may decrease and supply may eventually decrease and stop.
 - The woman can use LAM if the criteria are met and optimal breastfeeding behaviors are maintained. She should be encouraged to increase food and liquid intake if possible (one extra serving of staple food each day).

Premature Baby

- Requires motivated woman.
- Requires motivated and skilled staff.
- Requires support for correct latch-on.
- Breastfeeding is advantageous for preterm infants; supportive holds may be required.
- Direct breastfeeding may not be possible for several weeks but mother's milk can be pumped and stored for use by infant.
 - There is probably a lower efficacy of LAM if suck is weak.

Woman who has had cesarean section birth

- Assess the woman's ability to handle her infant post-operatively and provide the necessary support for her to successfully breastfeed.
- Suggest alternative positions to keep infant from resting on the abdominal incision, e.g., side-lying, football hold.
- Help the woman maintain optimal breastfeeding behaviors.
 - The woman can use LAM if the criteria are met.

Twins

- Breastfeeding twins is not a question of milk supply but of time and support to the woman.
- Breastfeeding infants simultaneously can help diminish time spent feeding.
 - The woman can rely on LAM if the criteria are met.

Special situations affecting breastfeeding in relation to LAM: 2.6 (continued)

Baby Sleeps Too Much

- Unwrap the infant to encourage waking; hold vertically to awaken.
 - Watch infant's sleep and wake cycle and feed infant during quiet-alert states.
- Note: Crying is the last sign of hunger. Cues of hunger include rooting, licking movements, flexing arms, and clenching fists, body tension, kicking legs.
- Do not allow baby to sleep for periods greater than four hours during the day and six hours during the night if mother wants to use LAM.

Baby with cleft palate

- Degree of difficulty in feeding varies with the severity of the defect.
- Breastfeeding is especially advantageous to infants with clefts.
- Positions to support breastfeeding and LAM are possible with infant who has a cleft.
 - There is probably a lower efficacy of LAM if suck is weak.

Medications

- There are three "knowns" about drugs and human milk:
 1. Most drugs pass into breastmilk.
 2. Almost all medication appears in only small amounts in human milk, usually less than one percent of the maternal dosage.
 3. Very few drugs are contraindicated for breastfeeding women.
- Those drugs that are contraindicated for breastfeeding women are: mood-altering drugs, reserpine, ergotamine, antimetabolites, cyclosporine, bromocriptine, radioactive drugs, lithium, or anticoagulants.
 - If a woman is taking these drugs, she should not be breastfeeding and thus cannot use LAM.

Learning guide for LAM counseling: 2.7a

Instructions: Place a checkmark in the “Cases” column if each step is performed adequately during counseling role play or practicum, as appropriate. This assessment assumes basic history and physical examination have already been performed.

Participant’s Name: _____

Practicum Site: _____

Trainer’s Name: _____

Activity/Task	Case 1	Case 2	Case 3
1) Assures necessary privacy for client.			
2) Greets client respectfully.			
3) Asks what RH service the client is seeking and responds to any general questions she may have.			
4) Provides general information about MCH or community-based health services and FP methods, including LAM.			
5) Explains what to expect during the visit or encounter.			
6) Discusses FP options appropriate to client, based on informed choice:			
(a) Explores reproductive goals, period of abstinence			
(b) Explores attitudes or religious beliefs that may favor or rule out one or more methods			
(c) Explains FP methods available/appropriate			
(d) Explains benefits/advantages of each method			
(e) Explains risks/disadvantages of each method			
(f) Asks client if she has any questions and responds			
(g) Helps client make a decision about the choice of a family planning method			
7) If client has chosen LAM, asks her what she knows about LAM.			
Antenatal or Immediate Postpartum			
8) Asks the client if she has used LAM in the past, asks what her experience was, and correct s any misinformation the client may have.			
9) Asks about past difficulties with breastfeeding.			
10) Counsels client on optimal breastfeeding behaviors that include:			
(a) Allow newborn to breastfeed as soon as possible after birth, and to remain with the mother for at least several hours following delivery			
(b) Breastfeed frequently, whenever the infant is hungry, both day and night. (This means that, in general, a woman will breastfeed at least eight times during a day and at least one time during the night.)			
(c) Breastfeed exclusively for the first six months, giving no water, other liquids, or solid foods			
(d) After the first six months, when complementary foods are introduced, breastfeeding should precede each complementary feeding			
(e) Continue to breastfeed for up to two years and beyond			
(f) Continue breastfeeding even if mother or baby becomes ill			
(g) Avoid using bottle, pacifier (dummies), or other artificial nipples			
(h) Mothers should eat and drink sufficient quantities of available nutritious foods to satisfy their hunger and thirst			

Learning guide for LAM counseling: 2.7a (continued)

11) Discusses when to switch to another method of contraception, stressing when any one of the following conditions occurs, client is at risk for pregnancy:			
(a) When she has a menstrual period, by.....date,			
(b) When she starts to regularly give other liquids or solid foods.			
(c) When the baby reaches six months of age, by.....date.			
12) Asks client if she has questions and responds.			
13) Asks client to repeat the three LAM criteria and the optimal breastfeeding behaviors that contribute to breastfeeding and LAM success, correcting any misunderstanding.			
14) Reassures client about staff availability to see her if she has any problems, questions, or needs advice.			
Follow-up Postpartum			
15) During a postpartum clinic visit, asks if client is having any breastfeeding difficulties and advises or manages appropriately.			
16) Asks client:			
(a) Have you had a menstrual period since the birth of your baby? (<u>Note:</u> Spotting in the first two months postpartum is not considered a return of menstrual periods.)			
(b) Has your baby regularly started taking liquids, including water, or solid foods?			
(c) Is your baby older than six months?			
17) If answer to all three questions is "No", discusses and teaches the client the three criteria under which LAM provides effective contraception:			
(a) She has no menstrual period,			
(b) She is fully or nearly fully breastfeeding,			
(c) The baby is less than six months old.			
18) During a return visit, determines if the LAM criteria continue for the client.			
19) Asks the client if there are any problems or complaints and manages them appropriately.			
20) Discusses with the client if she needs to switch to another FP method and her plan to achieve three years birth spacing.			
21) Discusses other FP methods and identifies those that complement breastfeeding.			
22) Gives a return appointment for checkup and provides an interim FP method if client desires.			

Comments:

Adapted from Pathfinder International, Lactational Amenorrhea and Breastfeeding: Participant Handout 2.10 "Learning Guide for LAM Counseling"

Simulated breastfeeding/LAM practicum cases: 2.7b

1. Antenatal Case

ACTRESS profile (one actress):

You are an **18-year** old first time pregnant mother. You have been **married one year** and were **not using any kind of contraception after marriage both because you are Catholic** and because you and your husband wanted a baby immediately. **You plan to breastfeed**, like your mother and sister have done, but you know **they always gave night bottles starting in the early weeks** so they could “get their sleep at night.” During your pregnancy, you have been **helping your husband with his small, but growing business running a small neighborhood grocery store**. Your mother lives in the neighborhood as well. **You have never heard of LAM before, nor do you believe that breastfeeding is protective against pregnancy** because your sister became pregnant while she was still breastfeeding her one-year-old. You and your mother and family are very close.

Helpful materials:

- Pillow for pregnant “belly”
- Cloth wrapper around mother’s body
- Cross around neck (suggesting Catholic)
- Wooden fetoscope (ANC clinic)
- Doll and breast as potential health education aides
- 2 chairs

----- Cut here -----

1. Antenatal Case

(INFO to the “Provider”):

You are the **nurse in the antenatal clinic seeing this young first-time mother for her regular check-up**. Her pregnancy has been completely normal. She is now **in her third trimester** of pregnancy and **so far you have not discussed contraception after delivery with her**.

Simulated breastfeeding/LAM practicum cases: 2.7b (continued)

2. Newly Delivered Case

ACTRESS PROFILE (one actress-new mother; one actress- grandmother):

You are a **newly delivered mother lying comfortably on a mat** on the floor at home. Your **baby is on your abdomen** covered. Placenta is delivered and all vital signs are stable. Your **mother is with you** with a hot cup of herbal tea and the TBA is cleaning up. **You intend to breastfeed and you know that breastmilk is the best food you can give your baby.** You have no clear plans for family planning at the moment. You **have three living children and one baby who died of diarrhea at 4 months of age.**

Helpful materials:

- Several colorful cloths/wrappers
 - One on floor under mother
 - One over newborn baby doll
 - One over grandmother's head and shoulders
- Cup of tea
- Basin or bowl and fetoscope (depicting recent delivery)
- Small pillow under mother's head
- Doll
- Breast model (if available to put on mother's chest)

----- Cut here -----

2. Newly Delivered Case

(INFO to the "Provider"):

You are the **birth attendant (government trained TBA) who just assisted with a normal delivery at home.** You have learned about optimal breastfeeding behaviors and about LAM in your recent TBA refresher-training course. **Many of these practices are new to you, but you are eager to support breastfeeding and LAM in your community.** You are finished with the delivery and cleanup and **you now are turning your attention to help the mother with breastfeeding.**

Simulated breastfeeding/LAM practicum cases: 2.7b (continued)

3. Postpartum/ Family Planning Case

ACTRESS PROFILE: (one actress-wife; one actor-husband)

You are **3 months postpartum** and have come with your baby girl to the well-child clinic at the district health post. **Your husband accompanies you.** You are **from a traditional Muslim community** and rarely go out without either your husband or your mother-in-law. The midwife at the health post **knows you from the antenatal period and has discussed family planning during those visits and also discussed the advantages of child spacing at the 6 weeks postpartum check-up.**

At this check-up you have already told the midwife that your **postpartum bleeding has stopped completely.** This is your first baby and you and your husband plan to have a large family. **You are giving herbal teas by teacup every day in the morning and evening** at the recommendation of your **mother-in law** for soothing the baby and helping with stomach gas. **You have no plans for working outside of the home.** You frankly **have not thought much about contraception**, although you and your husband **have become sexually active again.**

Helpful materials:

- Shawls for husband and wife
- Large doll (3 month old baby)
- Breast model (if available)
- Family planning flip chart (with LAM)
- 3 chairs

----- Cut here -----

3. Postpartum / FP Case

(INFO to the “Provider”):

You are the **midwife at the district health post** and are seeing this **mother and 3 month old baby for their well child check-up** (immunizations and growth monitoring). The baby is fine. You now turn to the mother to **discuss exclusive breastfeeding and contraception.** Her husband, who brought her to the post, is sitting nearby.

MATERIALS SECTION UNIT 3

Monitoring and Evaluation Matching Column Game: 3.1a

Monitoring and Evaluation Matching Column Game (Answer Key): 3.1b

Objectives of the Monitoring and Evaluation LAM Unit: 3.1c

LAM Questionnaire: Survey Questions on Breastfeeding and Family Planning: 3.6a

Calculating Indicator Rates: 3.6b

Case Studies for LAM Monitoring and Evaluation: 3.6c

Case Studies for LAM Monitoring and Evaluation (Answer Key): 3.6d

Post-test: 3.8a

Post-test (Answer Key): 3.8b

Final Training Evaluation: 3.9

Monitoring and Evaluation Matching Column Game: 3.1a

Write the number of the term from column 1 that matches the definition in column 2. The terms in column 1 can match more than one definition, and definitions can match more than one term.

Column 1		Column 2	
1.	Monitoring		Provides project with information about the target population at the end of project intervention
2.	Evaluation		Supervision
3.	LAM user rate		Collect & analyze accurate & reliable information
4.	Indicator		Improve program planning, performance & management
5.	Baseline surveys		Proportion of women of reproductive age using a modern family planning method that use LAM as a method of birth spacing
6.	LAM rate		Process and Impact
7.	Exclusive breastfeeding rate		Provides project with information about the target population at the beginning of project intervention
8.	Individual		Proportion of eligible women who choose LAM as a method of birth spacing
9.	Endline survey		Occurs throughout project cycle on a regular basis
			Time-bound
			Measurable
			Number of infants 0 < 6 months exclusively breastfed

**Monitoring and Evaluation Matching Column Game
(Answer Guide): 3.1b**

Column 1		Column 2	
1.	Monitoring	9	Provides project with information about the target population at the end of project intervention
2.	Evaluation	8	Supervision
3.	LAM user rate	1,2	Collect & analyze accurate & reliable information
4.	Indicator	1,2	Improve program planning, performance & management
5.	Baseline surveys	3	Proportion of women of reproductive age using a modern family planning method that use LAM as a method of birth spacing
6.	LAM rate	4	Process and Impact
7.	Exclusive breastfeeding rate	5	Provides project with information about the target population at the beginning of project intervention
8.	Individual	6	Proportion of eligible women who choose LAM as a method of birth spacing
9.	Endline survey	1	Occurs throughout project cycle on a regular basis
		4	Time-bound
		4	Measurable
		7	Number of infants 0 < 6 months exclusively breastfed

Objectives of Monitoring and Evaluation LAM Unit: 3.1c

Session 1

- Define monitoring
- Define evaluation

Objectives of Monitoring and Evaluation

- Collect, analyze and use accurate and reliable information
- Improve program planning
- Improve program performance
- Improve program management on program progress & activity implementation
- Determine outcomes of activities
- Evaluate program impact on beneficiaries

Session 2

- Mention 4 characteristics of monitoring

Session 3

- Mention 4 characteristics of evaluation
- Explain the difference between process and impact indicators
- Describe 4 types of evaluation

Session 4

- Define an indicator
- Mention 4 characteristics of an indicator
- Name 3 things that must be considered when developing an indicator

Session 5

- List 4 ways in which indicators can be measured
- Distinguish between process and impact indicators
- Give examples of process indicators at the following levels: individual, community, institution and policy

Session 6

- Name 5 different LAM indicators
- Describe the numerator and denominator for each indicator

Session 7

- List 2 strategies for improving LAM monitoring and evaluation
- List 4 activities for improving LAM monitoring and evaluation
- Prepare monitoring and evaluation action plan

LAM Questionnaire: Survey Questions on Breastfeeding and Family Planning: 3.6a

These LAM-related questions consist of 7 basic questions on breastfeeding and family planning asked of mothers of infants less than 6 months old. From this data, one can calculate the exclusive breastfeeding rate (EBR), the LAM Rate, the LAM User Rate, and the Appropriate LAM Rate. The questions are divided into 2 sections: family planning and infant feeding. Either section can appear first in your questionnaire, depending upon the full content of your larger survey and the order of your questions.

Please note that these questions do not reflect the full questionnaire that would accompany either a complete infant feeding or LAM intervention. These questions should be understood as only those questions required to calculate LAM-related indicators. These questions can be included in your existing program survey.

NAME OF CHILD _____ (Use name of child throughout questionnaire where "[NAME]" appears.) AGE OF CHILD (IN MONTHS) SEX OF CHILD (1=MALE, 2=FEMALE)

FAMILY PLANNING

1	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES NO	1 2	—<3
2	Which method are you currently using?	Lactational Amenorrhea Method Female Sterilization Male Sterilization Pill IUD Injections Condom Female condom Diaphragm Periodic Abstinence Withdrawal Other _____ (Specify)	1 2 3 4 5 6 7 8 9 10 11 12	

3	<p>What are the conditions that need to be met for LAM to be used as a method of family planning?</p> <p><i>Do not read answers aloud. Probe for responses and circle the appropriate code for Mentioned or Not Mentioned for each response.</i></p>	<p>(M = Mentioned, NM = Not Mentioned)</p> <table> <thead> <tr> <th></th><th>M</th><th>NM</th></tr> </thead> <tbody> <tr> <td>Exclusively breastfeeding</td><td>1</td><td>2</td></tr> <tr> <td>Fully or nearly fully breastfeeding</td><td>1</td><td>2</td></tr> <tr> <td>Breastfeeding on demand</td><td>1</td><td>2</td></tr> <tr> <td>Infant is less than 6 months old</td><td>1</td><td>2</td></tr> <tr> <td>Menstrual cycle has not returned</td><td>1</td><td>2</td></tr> <tr> <td>Other, (specify)</td><td>1</td><td>2</td></tr> <tr> <td>Don't know</td><td>1</td><td>2</td></tr> </tbody> </table>		M	NM	Exclusively breastfeeding	1	2	Fully or nearly fully breastfeeding	1	2	Breastfeeding on demand	1	2	Infant is less than 6 months old	1	2	Menstrual cycle has not returned	1	2	Other, (specify)	1	2	Don't know	1	2
	M	NM																								
Exclusively breastfeeding	1	2																								
Fully or nearly fully breastfeeding	1	2																								
Breastfeeding on demand	1	2																								
Infant is less than 6 months old	1	2																								
Menstrual cycle has not returned	1	2																								
Other, (specify)	1	2																								
Don't know	1	2																								
4	Since [NAME] was born, has your period returned?	<p>YES 1</p> <p>NO 2</p>																								

BREASTFEEDING AND INFANT NUTRITION

5	Since this time yesterday, has [NAME] received any of the following liquids or foods?	YES	NO
A	Breastmilk?	1	2
B	Vitamins/Mineral supplements/Medicines	1	2
C	Plain water or with additives (Teas, millet water, fruit juice, sweetened water, herbal teas, fruit juice etc)	1	2
D	Commercially produced infant formula?	1	2
E	Any other milk such as tinned, powdered, or fresh animal milk?	1	2
F	ORS	1	2
G	Fruit juice?	1	2
H	Other liquids, specify _____	1	2
I	Any food made from grains [e.g. millet, sorghum, maize, rice, wheat, porridge, or other local grains]?	1	2
J	Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes?	1	2
K	Any other food made from roots or tubers [e.g. white potatoes, white yams, manioc, cassava, or other local roots/tubers]?	1	2
L	Any green leafy vegetables?	1	2
M	Mango, papaya [or other local Vitamin A rich fruits]?	1	2

N	Any other fruits and vegetables [e.g. bananas, apples/sauce, avocados, tomatoes]?	1	2
O	Meat, poultry, fish, shellfish, or eggs?	1	2
P	Any foods made from legumes [e.g. lentils, beans, soybeans, and peanuts]?	1	2
Q	Cheese or yogurt?	1	2
R	Other solid or semi-solid, specify _____	1	2
6	<p>Since this time yesterday, about how many times did [NAME] receive breastmilk?</p> <p><i>Write in exact response.</i></p>	_____	
7	<p>About how many times yesterday did [NAME] receive any other food or liquid?</p> <p><i>Write in exact response.</i></p>	_____	

Calculating Indicator Rates: 3.6b

This LAM Questionnaire presents all questions that are needed to calculate rates for LAM-related indicators; this survey example does not include program-specific questions. The table below presents a list of key indicators that can be calculated using this questionnaire. Organizations should select those indicators that are of relevance to their specific project activities, and incorporate the appropriate questions. These questions can stand alone or be included into an existing survey as appropriate in order to calculate the relevant indicators.

These are age-specific indicators (e.g., percent of 0-5 [or 0<6] month-olds) that are calculated using the age information recorded at the top of the questionnaire. All of these indicators are based upon completed months of age for infants. The resulting rates are expressed as percentages.

INDICATOR	DESCRIPTION/DEFINITION
LAM Rate	<p>Proportion of women with infants less than 6 months who consciously and deliberately accept LAM as a method of contraception</p> <p>Numerator: Number of women with response=1 for Question 2</p> <p>$\frac{\text{\# of women using LAM as family planning method}}{\text{Total \# of women with infants < 6 months}} \times 100$</p>
LAM User Rate	<p>Proportion of women of reproductive age who consciously and deliberately use LAM as a form of family planning</p> <p>Numerator: Number of women with response=1 for Question 2</p> <p>$\frac{\text{\# of women using LAM as family planning method (based on FP service statistics)}}{\text{Total \# of women of reproductive age (based on FP service statistics)}} \times 100$</p>
Appropriate LAM Rate	<p>Proportion of women who give birth in a given period of time who consciously and deliberately accept LAM as a birth spacing method and meet the 3 LAM criteria.</p> <p>Numerator: Number of women with response=1 for Q.2 AND infant less than 6 months AND infant is full or nearly full breastfed (this includes exclusive breastfeeding) AND with response=2 for Q.4</p> <p>$\frac{\text{\# of women who use LAM as a family planning method and also meet the three LAM criteria}}{\text{Total \# of women with infants < 6 months}} \times 100$</p>
Model LAM Rate	<p>Proportion of women who give birth in a given period of time who consciously and deliberately accept LAM as a birth spacing method, meet the 3 LAM criteria, and know the 3 LAM criteria.</p> <p>Numerator: Number of women with response=1 for Q.2 AND infant less than 6 months AND infant is full or nearly full breastfed (this includes exclusive breastfeeding) AND with response=2 for Q.4 AND with responses=1 for Q.3, answers exclusively breastfeeding OR fully OR nearly fully breastfeeding OR breastfeeding on demand AND infant is less than 6 months old AND menstrual cycle has not returned.</p> <p>$\frac{\text{\# of women who use LAM as a family planning method, who meet the 3 LAM criteria and who also know the 3 LAM criteria}}{\text{Total \# of women with infants < 6 months}} \times 100$</p>

INDICATOR	DESCRIPTION/DEFINITION
<p>Exclusive Breastfeeding Rate (EBR), infants 0-<6 months old</p>	<p>Proportion of infants less than 6 months old who were exclusively breastfed in the preceding 24 hours. An infant is considered to be exclusively breastfed if he/she received only breastmilk with no other liquids or solids, with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines.</p> <p>Numerator: Number of infants with response=1 for Q.5, answer breastmilk. Response=1 for Q.5, answer vitamins/mineral supplements/medicines allowed.</p> <p><u># of infants 0-<6 months exclusively breastfed</u> X 100 Total # of infants 0-<6 months</p>
<p>Fully or Nearly Fully Breastfeeding Rate, infants 0-<6 months old</p>	<p>Proportion of infants less than 6 months old who were fully or nearly fully breastfed in the preceding 24 hours. Breastfeeding intervals should not exceed 4 hours during the day, 6 hours at night, and supplementation should not exceed 5-15% of each feeding.</p> <p>Numerator: Number of times infant less than 6 months old breastfed during the preceding 24 hours from Q.6.</p> <p><u>Total # of times breastfed</u> X 100 Total # of times infant 0-<6 months received any foods or liquids (Q.7)</p>

Case Studies for LAM Monitoring and Evaluation Training: 3.6c

1. Annual family planning data in your clinic are available for all methods, and in late January you are required to report these annual figures to the District Health Office. Of special interest are your LAM data because the MOH added LAM to its family planning registries late the previous year.

Since your data are collected in the family planning clinic, they reflect the family planning practices of women of reproductive age. What rate of LAM use will you report to the Municipal Health Office?

2. Your organization implemented a baseline survey in 12 communities with a catchment area of 250,000. The purpose of the survey was to collect current infant feeding, child survival and family planning behaviors of women with infants less than 2 years old. Specifically, you need to know about the initiation of breastfeeding, exclusive breastfeeding, status of amenorrhea, the incidence of diarrheal disease and ARI, complementary feeding, and family planning methods currently being used and ever used. You also include a series of knowledge questions on infant feeding and family planning behaviors and practices.

In your report, you will include tables of various rates of behaviors, including the exclusive breastfeeding rate. What rate(s) that reflect LAM use do you include in these tables? Explain how this/these rates will be calculated using these survey data.

3. You have received the following data from a Region in Guatemala from a PVO with programs supporting the inclusion of LAM into the family planning method mix.

Total # of Women of Reproductive Age	336
Total # of Women with infants less than 6 months old	122
Total # of infants less than 6 months old exclusively breastfed	41
Total # of women who state they use LAM as a method of family planning	25
Total # of women with infants less than 6 months who state they use LAM as a method of family planning	19

Using these data, what rate(s) for LAM use can you calculate? What is the equation for each rate calculated these data?

4. These are your (rural) departmental data for August 2001 and August 2002. What LAM data can you calculate from these reports? What would be the equation using these actual data? What do these data suggest?

Department-level data, August 2001 (Guatemala)

FAMILY PLANNING									
USERS/ MÉTHODS	Artificial Method							Natural Method	
	Injectable		IUD	Condom		Pill		LAM	Other
	User	Quantity		User	Quantity	User	Quantity	User	Quantity
New Users	601		641	515		740		90	62
Return Visit									
Active Users									
VOLUNTEER STERILIZATION	Male (Vasectomy)			Female (Tubal Ligation)					
				5					

Department-level data, August 2002 (Guatemala)

FAMILY PLANNING									
USERS/ MÉTHODS	Artificial Method							Natural Method	
	Injectable		IUD	Condom		Pill		LAM	Other
	User	Quantity		User	Quantity	User	Quantity	User	Quantity
New Users	621		640	570		768		128	36
Return Visit									
Active Users									
VOLUNTEER STERILIZATION	Male (Vasectomy)			Female (Tubal Ligation)					
				3					

Case Studies for LAM Monitoring and Evaluation Training (Answer Key): 3.6d

1. Annual family planning data in your clinic are available for all methods, and in late January you are required to report these annual figures to the District Health Office. Of special interest are your LAM data because the MOH added LAM to its family planning registries late the previous year.

Since your data are collected in the family planning clinic, they reflect the family planning practices of women of reproductive age. What rate of LAM use will you report to the Municipal Health Office?

Answer: LAM User Rate

2. Your organization implemented a baseline survey in 12 communities with a catchment area of 250,000. The purpose of the survey was to collect current infant feeding, child survival and family planning behaviors of women with infants less than 2 years old. Specifically, you need to know about the initiation of breastfeeding, exclusive breastfeeding, status of amenorrhea, the incidence of diarrheal disease and ARI, complementary feeding, and family planning methods currently being used and ever used. You also include a series of knowledge questions on infant feeding and family planning behaviors and practices.

In your report, you will include tables of various rates of behaviors, including the exclusive breastfeeding rate. What rate(s) that reflect LAM use do you include in these tables? Explain how this/these rates will be calculated using these survey data.

Answer:

- **Exclusive Breastfeeding Rate:**
$$\frac{\text{\# of infants 0-<6 months exclusively breastfed}}{\text{Total \# of infants 0-<6 months}} \times 100$$
- **LAM Rate:**
$$\frac{\text{\# of women using LAM as family planning method}}{\text{Total \# of women with infants < 6 months}} \times 100$$
- **Appropriate LAM Rate**
$$\frac{\text{\# of women who use LAM as a family planning method and also meet the three LAM criteria}}{\text{Total \# of women with infants < 6 months}} \times 100$$
- **Model LAM Rate**
$$\frac{\text{\# of women who use LAM as a family planning method, who meet the 3 LAM criteria and who also know the 3 LAM criteria}}{\text{Total \# of women with infants < 6 months}} \times 100$$

3. You have received the following data from a Region in your country from a PVO with programs supporting the inclusion of LAM into the family planning method mix.

Total # of Women of Reproductive Age	336
Total # of Women with infants less than 6 months old	122
Total # of infants less than 6 months old exclusively breastfed	41
Total # of women who state they use LAM as a method of family planning	25
Total # of women with infants less than 6 months who state they use LAM as a method of family planning	19

Using these data, what rate(s) for LAM use can you calculate? What is the equation for each rate calculated these data?

Answer:

- **LAM Rate:** $\frac{19}{122} \times 100 = 15.6\%$
19 is used and not 25 because some women may have infants older than 6 months and state they are using LAM.
- **Exclusive Breastfeeding Rate:** $\frac{41}{122} \times 100 = 33.6\%$
- **LAM User Rate cannot be calculated.** Although we know that the total number of woman of reproductive age is 336, we do not know how many of these woman use a modern method of contraception.

4. These are your (rural) departmental data for August 2001 and August 2002. What LAM data can you calculate from these reports? What would be the equation using these actual data? What do these data suggest?

Department-level data, August 2001 (Guatemala)

FAMILY PLANNING									
USERS/ MÉTHODS	Artificial Method							Natural Method	
	Injectable		IUD	Condom		Pill		LAM	Other
	User	Quantity		User	Quantity	User	Quantity	User	Quantity
New Users	601		641	515		740		90	62
Return Visit									
Active Users									
VOLUNTEER STERILIZATION	Male (Vasectomy)			Female (Tubal Ligation)					
				5					

Department-level data, August 2002 (Guatemala)

FAMILY PLANNING									
USERS/ MÉTHODS	Artificial Method							Natural Method	
	Injectable		IUD	Condom		Pill		LAM	Other
	User	Quantity		User	Quantity	User	Quantity	User	Quantity
New Users	621		640	570		768		128	36
Return Visit									
Active Users									
VOLUNTEER STERILIZATION	Male (Vasectomy)			Female (Tubal Ligation)					
				3					

Answer:

- August 2001: Total number of women contracepting = 2,502**
LAM User Rate: $\frac{90}{2502} \times 100 = 3.6\%$
- August 2002: Total number of women contracepting = 2,602**
LAM User Rate: $\frac{128}{2602} \times 100 = 4.9\%$

In the time period between August 2001 and August 2002, more women are contracepting and the LAM User Rate is increasing.

Post-test: 3.8b
Lactational Amenorrhea Method (LAM):
A Contraceptive Option for Women who Breastfeed

Name: _____

Date: _____

1) List the three criteria for LAM use:

a) _____

b) _____

c) _____

2) LAM is _____% effective.

Instructions: True/False, write “T” if the statement is correct; “F” if the statement is incorrect.

3) ____ Breastfeeding and LAM are the same thing.

4) ____ Menses are considered to have returned after the first two months postpartum whenever the woman has two consecutive days of bleeding or when she perceives she has had a bleed similar to her menstrual bleed.

5) ____ Manually expressing milk for the infant when the woman is unable to breastfeed is as effective as suckling, to suppress ovulation.

6) ____ LAM always needs a back-up method for its effective use as a contraceptive method.

7) ____ Malnourished mothers cannot breastfeed.

Instructions: Fill in the blank or circle the correct response as appropriate.

- 8) For best health outcomes for mother and child, a woman should continue breastfeeding after LAM, and achieve child spacing of at least _____ years.
- 9) A LAM user has a three-month-old child. She wants to switch to another method, and she wants to continue breastfeeding. Which of the methods listed below are not recommended at this time?
(You can circle more than one answer.)
- a) IUD
 - b) A monthly contraceptive injection of a combination of estrogen and progestin
 - c) Condom with spermicide
 - d) Mini-pill: Progestin-Only Pill (POP)
 - e) Combined oral contraceptives
 - f) Any of the above listed methods
- 10) To gain maximum protection from pregnancy when using LAM, a woman must breastfeed (circle all that apply):
- a) No more than 4 times a day
 - b) On demand day and night
 - c) Only during the day and supplement during the night
 - d) Even when she or baby is ill
 - e) Fully or nearly fully
- 11) Define the LAM Rate.
- 12) Describe the numerator and denominator of the LAM Rate.

Post-test (answer key): 3.8b
Lactational Amenorrhea Method (LAM):
A Contraceptive Option for Women who Breastfeed

Name: _____

Date: _____

1) List the three criteria for LAM use:

- a) **Menstrual periods have not resumed since baby's birth;**
- b) **Baby is fully or nearly fully breastfeeding, frequently day and night;**
- c) **Baby is less than six months old.**

2) LAM is **>98%** effective.

Instructions: True/False, write "T" if the statement is correct; "F" if the statement is incorrect.

- 3) **F** Breastfeeding and LAM are the same thing.
- 4) **T** Menses are considered to have returned after the first two months postpartum whenever the woman has two consecutive days of bleeding or when she perceives she has had a bleed similar to her menstrual bleed.
- 5) **F** Manually expressing milk for the infant when the woman is unable to breastfeed is as effective as suckling, to suppress ovulation.
- 6) **F** LAM always needs a back-up method for its effective use as a contraceptive method.
- 7) **F** Malnourished mothers cannot breastfeed.

Instructions: Fill in the blank or circle the correct response as appropriate.

8) For best health outcomes for mother and child, a woman should continue breastfeeding after LAM, and achieve child spacing of at least 3 years.

9) A LAM user has a three-month-old child. She wants to switch to another method, and she wants to continue breastfeeding. Which of the methods listed below are not recommended at this time? (You can circle more than one answer.)

- a) IUD
- b) A monthly contraceptive injection of a combination of estrogen and progestin**
- c) Condom with spermicide
- d) Mini-pill: Progestin-Only Pill (POP)
- e) Combined oral contraceptives**
- f) Any of the above listed methods

10) To gain maximum protection from pregnancy when using LAM, a woman must breastfeed (circle all that apply):

- a) No more than 4 times a day
- b) On demand day and night**
- c) Only during the day and supplement during the night
- d) Even when she or baby is ill**
- e) Fully or nearly fully**

11) Define the LAM Rate.

Proportion of women with infants less than 6 months who consciously and deliberately accept LAM as a method of contraception

12) Describe the numerator and denominator of the LAM Rate.

The numerator is the number of women who say they are using LAM as a method of contraception

The denominator is the total number of women with infants less than 6 months old

End of training evaluation: 3.9

Please answer the following questions to help improve future trainings.
Place a ✓ in the box that reflects your feelings about the question.

	Excellent	Good	Medium	Poor	Very Poor
1. I would rate this training overall as...					
2. LAM content was...					
3. The sequence of LAM information was...					
4. The amount of LAM information was ...					
5. Materials and visual aids were...					
6. Trainer facilitation was...					
7. The practicum was...					

8. The length of the training was

- (a) Too long
- (b) Too short
- (c) Just right

9. What could have made this training better?

10. What could have made this training more relevant to your work?

11. What should be removed in future trainings?

Comments:

References

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